

THE NEW JERSEY MEDICAL REPORTER.

VOL. VIII. DECEMBER, 1855.

No. 12.

ART. I.—*Railway Surgery: being a brief Record of some of the Surgical Cases resulting from the Accident on the Camden and Amboy Railway, on the 29th of August, 1855, with Remarks.*
By S. W. BUTLER, M. D.

THE following tables, though imperfect, will give some idea of the number of killed and wounded by recent railway disasters, the record embracing the United States and Canada, and extending over a period of about two and a half years:—

	Killed.	Wounded.	Total.
May 6, 1853, New Haven Railway, at Norwalk	46	24	70
Aug. 12, " Providence and Worcester Railway	14	24	38
July 4, 1854, Susquehanna Railway, Maryland	28	45	73
Oct. 26, " Great Western Railway, in Canada	47	41	88
Aug. 29, 1855, Camden and Amboy Railway	25	70	95
Sept. 1, " Camden and Amboy Railway	1	1	2
" 3, " Stonington Railway	2	8	10
" 8, " Camden and Amboy Railway	1	1	2
" 11, " Mad River Railway	1	6	7
" 20, " N. Y. Central Railway	1	3	4
Oct. 8, " Boston and Maine Railway	3	6	9
" 15, " Harlem Railway	2	0	2
Nov. 1, " Pacific Railway	28	50	78
" 12, " Harlem Railway	1	16	17
	200	295	495

But, besides the disasters enumerated above, many others have occurred that were accompanied with loss of life and bodily injury; and it is estimated that, since the 27th of March, 1853, 234

lives have been lost, and 366 have been wounded, on our different lines of railway.*

The great and apparently increasing frequency of railway disasters, and the severe injuries that so often result from them, open a new and wide field for the exercise of surgical skill. And, as lines of railway are multiplying all over the country, while, unfortunately for the travelling public, the value of the stock and the amount of percentage it pays are but too often of more consequence in the eyes of directors than the safety of travellers, it is reasonable to suppose that, until Congress passes stringent railway laws, the skill and management of the surgeon will more and more frequently be called in requisition on these melancholy occasions. It seems proper, therefore, to make record of past experience for the purpose of future reference. Unfortunately, as our readers are aware, the practitioners of Burlington have recently had considerable experience in railway surgery. On the 29th of August last, one of the most fatal and terrible railway accidents that ever occurred in this country, happened within the limits of this city. The causes and circumstances of the accident were, briefly, as follows: The ten o'clock morning train from Philadelphia, on that day, after waiting the usual time on the turnout at the Burlington station for a down train from New York, left the station at about 11 o'clock. When about two miles out it met the tardy down train, and, there being but a single track, it was necessary for the former train to back down to a turnout at the Burlington depot. This was done at a rate of speed which was variously estimated by witnesses who appeared before the coroner's jury, at from fifteen to thirty miles per hour. From declarations made to us by passengers on the train, we are disposed to think that the speed could not have been much, if any, less than twenty-five miles per hour. While backing in at this rate, the rear car of the train, while crossing a much-travelled public road within the limits of the city, came in contact with a pair of horses attached to a carriage, whose driver very carelessly drove them upon the track as the train approached. Both horses were instantly killed, and the carriage broken to pieces, though,

* The *N. Y. Journal of Commerce* estimates the loss of life at 268, and the wounded at 539, and these estimates are probably nearer the truth.

strange to say, not one of its five occupants was injured. Not so fortunate were the passengers on the ill-fated train. Soon after the horses were struck, the rear car of the retrograding train was thrown off the track, dragging with it those that were before it. Meanwhile, the reversed machinery of the engine continued to play unchecked upon the broken cars and mangled bodies that were being scattered in wild confusion on every side, and it was only arrested by the obstacles that its Herculean strength had piled in its way. We were on the spot a few moments after this occurred. The scene beggars description. Five cars were broken to pieces, yes, almost literally *to atoms*, while the ghastly and mangled bodies of the dead, the dying, and the wounded, covered the ground. Seventeen of the passengers were instantly killed, and the wounded were estimated at from seventy to one hundred. Here was work to be done—the wounded to be extricated from the ruins and removed on litters to cars, and taken into the city, and made as safe and comfortable as possible until they could be properly attended to. Twelve o'clock came and went—three—nine—midnight—two in the morning—before the unfortunates were sufficiently cared for to leave them in the hands of their nurses.

The prostration resulting from the first shock of the accident, with the tearing and crushing of the bloodvessels and muscles, prevented much alarming hemorrhage for some hours after the injuries were received. Where it was necessary, temporary expedients were resorted to for the purpose of arresting hemorrhage. The utmost dispatch was used to have the wounded removed into the city, where they were disposed of as rapidly as circumstances would permit, and immediately placed under surgical treatment.*

* It would hardly be right to refrain from speaking of the generous hospitality of the citizens of Burlington on this melancholy occasion, who freely threw open their houses for the accommodation of the wounded, and provided them, during all their stay in the city, with every luxury and convenience at their command. Fruits of every variety were supplied with almost prodigal liberality, and old, choice wines, which had been hoarded for years, were freely brought from the cellars for the use of the sufferers. At the scene of the disaster, some of the citizens showed a forethought under trying circumstances that was quite remarkable. Mr. John Rodgers, who had just taken passage on the unfortunate train, and who providentially escaped uninjured, hastened into the city, and returned with surgeons' instruments, umbrellas, fans, and a *can of iced water*: we hardly need say that the latter proved most acceptable to the unfortunate sufferers under a burning sun.

An examination of the cases evinced the fact that whatever other injury was sustained, almost all were more or less injured in the back. In some, the spinal injury resulted in the most severe opisthotonos, while others were unable to bear the slightest motion of the spine for weeks after the accident. Others, still, complained merely of a severe strain or wrench in the back. One person we remember, who had received a severe blow on the upper portion of the spine and back of the neck, in whom the secretion of urine was greatly augmented for two or three days. In accounting for this very nearly uniform injury to the spine, it must be borne in mind that the train was moving rapidly backwards, and that the concussion would throw the passengers, whether in the sitting or standing position, against the backs of the seats, without the possibility of breaking the force of the blow by the use of the hands and arms. Most of the injured were also hurt about the chest, probably from the same cause, aided by blows from broken seats, &c., before them.

Some, who at first appeared to be but slightly injured, died in a short time, probably from some internal injury. Such was the case with Major Boyce, who, we were told, walked about, and even rendered assistance to others, on the ground where the accident occurred, and, after being brought into the city, walked with assistance the distance of an ordinary square from the cars to a house, where he died in the course of two or three hours. Another, Mr. Geo. Ingersoll, seemed to be hurt so little that he took the next train to Bordentown, where he died before the close of the day. Another, Mrs. Commodore Smith, thought her injuries hardly worth attention during the two days she remained in Burlington, yet she had scarcely reached Philadelphia before she died from their effects.

In all the cases that came under the observation of the writer, the injuries were soon followed by very great prostration, requiring the constant and persevering use of the most powerful stimulants, which, in some instances, were used to an almost incredible amount. We quote the following general remarks, in addition to our own, from a communication received from Dr. WM. HUNT, of Philadelphia, who rendered very efficient aid to the surgeons of Burlington.

"I arrived in Burlington early on Thursday morning, the 30th,

and made a general visit to the injured ones in company with Drs. Gauntt, Pugh, yourself, and others.

"The patients had, of course, been unchanged since the accident, and were for the most part lying in their torn and dirty underclothes, and in the bloody and hastily, though, without exception, well applied dressings, which the necessities of the case had called for at the time of the catastrophe.

"In addition, all bore marks of severe contusions, and, to the unprofessional observer, these greatly exaggerated the condition of some, while with others it was plain that nothing was wanting to tell of the severity of their injuries.

"Some had not yet reacted from the depression and shock, while others had quite warmed up, and were beginning to appreciate how they were really hurt; for it was a subject of general remark how, as reaction progressed, a pain here and a soreness there, called attention to parts that as yet were thought not to be implicated. This fact is one well worthy the attention of surgeons, and appears to me to be particularly exemplified in railroad accidents.

"Another remarkable circumstance, and one that illustrated the extraordinary and almost immediate fatality of the casualty, was the fact that only three out of the large number involved required capital operations, and I am sorry to say that all of these have since died.

"Of nineteen that I can now call to mind, most of whom I saw on Thursday morning, twelve were injured in the head and upper extremities, and in seven the lower extremities were chiefly involved.

"Among the living I saw no fractures of the skull, although this appeared to have been a common cause of fatality to the killed.

"The injuries to the head were chiefly lacerations and contusions. The clavicle, ribs, forearm, and hand were fractured in many, but at present I cannot remember a case of fractured humerus. Of the injuries to the lower extremities, there were two cases of compound fracture of the leg, both of which required amputation above the knee. The operations were performed by Dr. Goddard. One of these patients had also a compound fracture of the other leg.

"Chopart's operation was performed by Dr. Neill upon a case of compound fracture of the foot. This patient had many serious complications to contend with, and died of tetanus on the fifth day after the accident. I saw one case of fractured thigh and leg of the same limb, and one case of fractured leg accompanied with great contusion. The other cases were lacerations.

"Of those that came more particularly under my notice, I should mention Taylor, Lukens, and Finley, whom, in consultation with yourself and Dr. Pugh, I have attended since the accident."

Capital Operations.—The large amount of labor which was at first thrown upon three or four surgeons, prevented the *immediate* performance of any capital operation. The first operation of the kind was performed on Mr. John F. Gillespie, of Mississippi, on the evening of the day following the accident. Mr. Gillespie had a compound fracture of the fibula of the right leg, also a compound and comminuted fracture of both tibia and fibula of the left leg. He was also much bruised about the right hip and left breast. Dr. P. B. Goddard, of Philadelphia, took off the left leg just above the knee on Thursday evening. Mr. Gillespie died on Saturday about two o'clock.

Mr. Otis Fiske, of Middletown, Conn., had his right foot crushed, and on Thursday evening, immediately after the operation on Mr. Gillespie, Chopart's operation was performed by Dr. John Neill, of Philadelphia, and the injured part of the foot removed. Mr. Fiske had been laboring under very great depression of spirits, requiring large quantities of stimulants. This depression continued more or less markedly for four or five days, when he finally succumbed with marked tetanic symptoms.

Mrs. Gillespie, wife of Mr. J. F. G., had a comminuted fracture of the left leg, and some very extensive bruises about the body. On Friday morning her leg was also taken off just above the knee, by Dr. Goddard. Her constitution, which was strong, struggled hard for the mastery, but nature finally yielded, and she died on the fourteenth of September. The Gillespies were first attended by Dr. Longstreet, of Bordentown, and afterwards by Dr. J. T. Metcalfe, of New York, an intimate friend, who remained with Mrs. G. till her death.

Fracture of both Arms, &c.—Mr. Richard Taylor, of 173 Taylor Street, Brooklyn, alarmed at the rapid backward motion of the

cars, rose from his seat with the remark, "They are going to kill us all," and was in the act of opening the door leading to the platform, when the crash took place. He was very severely injured, and remained insensible for some time. "The first comfort I had," he remarked, "was a draught of Mr. Rodgers' ice water." By the time, however, that he was brought into town, and a surgeon was ready to make a critical examination of his case, he had so far recovered his good sense as to have an eye to economy, positively refusing to have his coat *torn* from his back, and it was removed by *ripping* it off! On examination, it was found that his injuries were very extensive, involving fractures of both arms and a finger, besides bruises and contusions about the head and body. Concerning this case, Dr. Wm. Hunt, in his communication dated Sept. 14th, writes as follows. Dr. Hunt first saw Mr. Taylor on the morning of the day subsequent to the accident:—

"He was most terribly hurt; the left arm was contused above the elbow to such a degree as to be almost black; the vitality of the skin in some places was completely destroyed, and a large, very deep, but healthy ulcer now (Sept. 14th) occupies a place on the inside of the arm, from which the dead skin has sloughed. The elbow-joint of the same arm was opened, and upon the ground where the injury was received, a piece of loose bone was taken from the wound.* At first, it was told me that this was part of the olecranon, but Dr. Longstreet, of Bordentown (who, I think, removed the piece), says that it belonged to one of the condyles. The state of the limb on Thursday was such as to forbid any officious interference, and I therefore made no examination.

"There was a bad compound fracture of the index finger of the same arm.

"The hopes of saving this limb were very small, indeed, but it was determined to make the effort. Wet cloths were applied, and the arm was laid on an angular splint, which was secured by a few loose turns of the roller, and perfect rest was enjoined. This treatment has been continued since, and I am happy to state that, so far, the patient has got along without a bad symptom. The wound at the joint is nearly healed, and there has been very little constitutional disturbance, notwithstanding that there is also a

* In the confusion, this fragment of bone was lost.—EDITOR.

very bad comminuted fracture of both bones of the right arm. Fortunate, indeed, will Mr. Taylor be if he regains the use of his broken limbs. He certainly promises now to do better than there was any hope for. As regards the elbow, if the history were not unequivocal, it has done so wonderfully well that I should, under other circumstances, be disposed to doubt the original diagnosis."

Mr. Taylor's wounds were dressed frequently, and great benefit was derived from the constant use of the cold-water dressing. His sister-in-law, Miss Ferguson, and his nurse, Mr. Cutter, deserve great praise for perseveringly carrying out the wishes of the surgeons day and night, for so long a time; and his own buoyancy of spirits and remarkable cheerfulness, undoubtedly had much to do with the very favorable termination of his case. The right arm, both bones of which were fractured in two places, and very much comminuted, was, after a few days, put into a Bond's splint, which proved to be a very convenient and satisfactory application. On the 17th of September, Mr. Taylor left Burlington, and had a very comfortable passage to Brooklyn. Dr. A. N. Gunn was called in to attend him. On the 18th of October Mr. T. wrote us as follows, through an amanuensis: "My right arm is pretty comfortable, except on the approach of rain, when it is painful. I can raise and lower it slowly. My left is in a more decrepid state, although improving. You know the first finger was almost severed; it appears to knit, but is greatly enlarged and stiff. I may be able to wear a glove, but never use it with freedom. The fracture above [involving] the elbow, where the bone came out, is still open with a slight discharge, but is healing. The joint is destroyed. I always apply the cold water. The wound on my right temple, which healed so easily, left the cheek and lip numb, which I think will remain so, as it rather increases. But I am thankful that I am in the land of the living—it might have been worse. My mind has not suffered by the calamity.

"My dear friend, let me request you to mention my unfeigned gratitude to my numerous friends in Burlington, Mrs. B., Miss L., Mr. C. and family, and all those messengers of comfort and kindness, not only to myself, but other fellow-sufferers, whose reward is before them in the faithful promise—'Blessed are the merciful,' &c. I hope ere long to have the pleasure of seeing them. I dare not say shaking hands. Please express my sincere sympathy to

those still at Burlington, suffering. With inexpressible feelings of gratitude, yours, &c."

We copy the latter portion of the letter as a sample of the feelings entertained by all the sufferers by the accident, towards those who ministered to them in their sufferings.

We have not yet received Dr. Gunn's report of the termination of Mr. Taylor's case, but have heard since the above letter was written, that he has recovered at least partial motion of the left elbow joint, and that the movements of the right forearm are nearly perfect.

Contusion, laceration of scalp, &c.—Mr. James C. Weeden, of New Hope, Pa., fearful of an accident, went out of the car to the platform, and was looking out in the direction of the approaching train. Hearing the crash behind him, he looked around and saw the next car to the one he stood upon, breaking to pieces. He immediately sprang for the ground, but the platform on which he stood, riding up on the broken car behind it, his feet were carried up, and he fell headforemost to the ground. Before he could recover himself the car fell back, and a corner of it struck him near the left temple, lacerating the scalp from near the superciliary ridge to the superior point of union between the temporal and parietal bones, and leaving a severe contusion under the left eye. The edges of the torn scalp were drawn together with adhesive plaster. Mr. W. was able to walk about, and did not at first seem to be much hurt. On the afternoon of the next day a telegraphic message from New Hope, made it necessary, on his wife's account, for him to endeavor to reach home as speedily as possible. The journey, though a short one, exhausted him very much, and he felt a great deal of distress in the head. In two or three days he discharged a considerable quantity of blood from the bowels. The uncomfortable sensations in his head gradually increased, until the 27th of Sept., when he returned to consult us respecting them. He complained of a dull, uncomfortable feeling in the head, of numbness of the scalp of the injured side, of intermittent neuralgia, of frightful and unpleasant dreams, and of loss of memory, seriously interfering with his business engagements. The wound had healed, and there was no external evidence of injury to the skull. We could only conjecture that there was a slight effusion of blood on the dura mater, or that a small spicula of bone had

splintered off from the inner table of the skull, and was pressing on the brain. The loss of sensation in a portion of the scalp of the left side of the head, we attributed to the dividing of branches of the supra-orbital nerve. We enjoined quiet, a release from business cares as far as practicable, and the moderate use of aloetic purgatives. He left us feeling much easier in mind, if not in body. We heard, subsequently, of his improvement.

Fractured ribs, laceration of scalp, &c.—Hon. Wm. B. Maclay, of New York City, was so buried beneath the ruins of the cars that we believe he was one of the last that was extricated. We first saw him at the City Hotel. The principal injuries he received were a severe laceration of the scalp, a fracture of two ribs of the left side, and injury to the spine. He was attended by Drs. McKelway and Cook, of Bordentown, and Dr. Gauntt, of this city, until the arrival of his brother, Dr. Robert Maclay. The following notes of Mr. Maclay's case were kindly drawn up for us by his friend, Dr. J. O. Stone, surgeon to the Bellevue Hospital, New York, and consulting surgeon to the N. Y. Dispensary.

"Tuesday, Sept. 4th. Visited Mr. William B. Maclay, at Burlington, at 9½ o'clock in the evening.

"His pulse was 90, feeble, and easily excited. Tongue pale and flabby. The wound on his head commenced about an inch above the external angle of the right eye, extended obliquely to the median line of the forehead, and thence directly backwards to the occipital protuberance. The wound was dressed with straps of adhesive plaster, and was suppurating, although the greater part had healed. There was a flushed appearance of the left cheek, and a wound on the cheek-bone, which had not healed, but which was held together by a suture. The neck, under the left ear, was swelled and bruised, and the ear itself affected with erysipelas, and had been painted over with a solution of the nitrate of silver. He could not turn himself in bed without the assistance of the nurse. He complained of pain and tenderness on pressure over the eighth and ninth ribs of the left side; adhesive straps had been applied here, and, from the examination, concluded that both of these ribs were broken. The body generally was covered with scratches and bruises.

"His diet had consisted chiefly of farinaceous food and fruit, but on the day of my visit he had taken two grains of quinine with a little beer.

"His brother, Dr. Robert Maclay, was in attendance, and it was with him that I deliberated.

"His condition was unsatisfactory. Erysipelas had seized the ear, and the feeble and quickened pulse showed constitutional irritation. If the erysipelas should extend over the scalp to the wound, it would open again, he would probably become delirious, and would be in danger of his life. The great hope was that the erysipelas would not extend.

"The question then was, What could be done to avert the danger? The suture in the wound over the cheek-bone was a source of irritation, and was removed by me. It seemed to me to be important to urge the use of quinine in much larger doses, to allow beer and even brandy, to increase his diet to beef tea and meat, almost *ad libitum*.

"Strength was needed to turn aside the danger, or, if this could not be done, to enable him to bear the disease. The next twenty-four hours would settle the question whether he was to proceed steadily to recovery, or whether his life was to be placed anew in jeopardy, or if he escaped with life, whether he was to be subjected to a long convalescence.

"Dr. Maclay agreed with me in these views, and I urged upon him the importance of having the hair shaved off in the neighborhood of the ear, in order to watch the spread of the erysipelas and, if necessary, to attack it with fresh applications of the nitrate of silver.

"Oct. 5. Mr. Maclay called upon me at my house. Fortunately, the erysipelas did not extend after the last visit. The wound on the scalp had now healed, with the exception of a small place on the top of the head. He complained of having caught cold, and although his cough was better, yet it caused pain in the side where the ribs had been broken. He was also lame in left leg. It might have been caused by a sprain or bruise. He described it as a loss of power in the limb."

There are other cases of great interest, of which we have some notes, and which, with the aid of the surgeons under whose particular care they fell, we hope to be able to present to our readers in a future number.

BURLINGTON, N. J., Nov. 1855.

ART. II.—*Tetanus*. By WILLIAM JOHNSON, M. D.

FROM the early dawn of medical science, traumatic tetanus has been regarded by the profession with solicitude and dread; and that which was the opprobrium medicinæ in the days of the father of medicine, is almost equally so at the present time. Presenting in its pathological developments a strong family likeness to hydrophobia, it has been almost as much an object of dread as this ruthless destroyer. Now and then, however, a reported recovery lights up the gloom, and cheers the almost expiring hope of the medical practitioner. Opium, and ether, and chloroform, and Indian hemp, and tobacco, and quinia, and galvanism, and alcoholic stimulation, have occasionally triumphed over this disease; but their failures have been so numerous, as to render the practice vacillating and undetermined. Every recorded case in a disease of such destructive tendency must possess a practical value. Under this conviction, I am induced to present a life-long experience in this disease.

Although engaged in a very large and extensive rural practice for much over forty years, I have seen but four cases of traumatic tetanus; this will average nearly one case in eleven years. I must qualify this statement, however, by saying, that I have seen some very *threatening approaches* to this affection averted by timely remedial interposition. I have therefore excluded traumatic spasm from this enumeration, and also those cases in which there was strong tetanic predisposition—particularly one case of severe compound fracture of the tibia and fibula. The patient completely recovered, but it was a long time before I considered him secure against an attack of tetanus. I administered nearly one ounce of solid opium during this patient's confinement, which was by no means very tedious. But never have I witnessed in any other person, except an opium eater, such a tolerance of the drug. He was a man of very intemperate habits, and in a few years after his recovery from this injury, he had two attacks of delirium tremens, in one of which I administered four ten grain powders of opium, with a proportionate quantity of camphor, in the space of sixteen or eighteen hours. He slept moderately, and recovered. I do not by any means hold up this practice for imi-

tation, and it was not rashly entered upon, but I had been feeling my way by tentative medication, before venturing upon these large doses of medicine. The reader will pardon this digression. I thought it necessary in order to illustrate the value of opium in averting threatened disease, as well as in relieving actual suffering. I believe that many traumatic lesions would have resulted in tetanic development, but for its use.

As I have already observed, I have attended four cases of traumatic tetanus; three of which proved fatal, and one recovered. The first case occurred in the person of Andrew Shurts, an athletic, thick-set man. The disease was produced by an injury done to one of his fingers; in pulling up a turnip from the frozen ground, he tore one of his finger nails a few lines. Tetanus took place in eight days after. When first summoned to his aid, I found him laboring under trismus, with violent pains occurring at intervals, shooting from the sternum to the spine. The injury done to his finger was not suspected by him to have any agency in the production of so much suffering, and in fact he had almost forgotten it, as his finger was now well, until closely questioned whether he had lately received a wound in any part of his body. He then remembered and showed me the injured finger. Very soon the whole muscular structure was involved in spasm most horrible. The flexors and extensors of the whole body were rigid with spasm; the muscles of the face exhibited the most frightful grinning; those of the tongue thrust that organ between the teeth, and in spite of all our efforts to prevent it, the muscles of the lower jaw confined it so firmly in their grasp, that we had to pry them open to allow of its return into the mouth. At times the spasms were so universal that he had to be supported in an erect posture, whilst the whole weight of his body was sustained on his toes, and in this position he expired, after prolonged sufferings of eight or nine days. At the commencement of his disease, the pulse was but little affected; as it advanced it became frequent. I called in consultation, both the late Drs. Ogden, of New Germantown. We treated the case by the full exhibition of opium, and cut across the injured finger a little above the nail down to the bone, so as to completely intercept all nervous communication between this part and the sensorium commune. The wound was afterwards dressed with oil of turpentine. Nothing,

however, appeared to have any effect in retarding the onward march of the disease, except the opium. At one time, whilst under its complete influence, his lower jaw fell open.

The victim of the next case of tetanus was a man of the name of Andrew Vansyckel, about sixty-four years of age. Somewhere about fifteen or sixteen years before, he had had the largest portion of the calf of his leg torn away, by coming in violent contact with a broken wagon tongue whilst the horses which had been frightened were in motion. The injury was so great that amputation of the leg was advised by his physicians, but the patient and his friends would not consent to the measure. The wound never healed up, and a phagedenic ulcer was finally established, which subjected him to frightful hemorrhages from the erosion of bloodvessels, and rendered his life burdensome to him. This ulcer was six or eight inches in length, and of such a malignant aspect as to render amputation advisable. The case was seen by my esteemed brother-in-law, the late Dr. Richard D. Corson, of New Hope, the late Dr. William Gearey, of Flemington, and myself. We all concurred in the propriety of this measure. Dr. Corson performed the operation, assisted by Dr. Gearey and myself. The operation was performed on the thigh, as there was too much disease about the ham to admit of the operation being done on the leg. The case progressed favorably for three weeks, and when the wound of the operation had nearly healed, tetanus supervened, and the case proved fatal in four or five days. This patient was treated with opium and brandy.

My next case was Catharine Reed, a young woman. Trismus took place almost immediately after the extraction of a bicuspid tooth, and soon most violent opisthotonos followed. Every spasm of the extensor muscles was preceded by a pain shooting from the sternum to the spine. Opium was freely given, and the patient immersed in the warm bath. Some mitigation of suffering ensued, but the spasms returned as soon as she left the bath. Opium was again freely given, and the bath repeatedly used, until at last I could not find that much relief was longer obtained. Supposing now that there might be something like inflammation of the spinal column, I cupped her freely along the whole tract of the spine, but this measure aggravated the spasms exceedingly. I now resolved upon putting her under the influence of mercury, and gave the submuriate freely, in combination

with opium. The opium I considered would keep the disease at bay until mercurial action was developed. The plan succeeded. Although the spasms returned with much frequency, their force was weakened, and when mercurial action was completely established, the spasms wore off. For nearly a week she was librating between life and death. At one time, in fact, for two or three days, her stomach rejected everything taken into it, and I was obliged to administer opium and soap by the anus. She took opium two or three times a day, for some weeks after her recovery. Her health was finally completely restored. I attributed her recovery both to the opium and the calomel; opium kept the disease at bay, whilst the calomel subverted the disease by imparting its own peculiar action to the system. This case was under my own control.

The fourth and last case was Court Voorhees. His disease was produced by inflammation and suppuration about the ankle joint consequent on a bruise. The same remedies were employed as in the foregoing case, but the system could not be mercurialized; and, although opium relieved the spasms, he sank rapidly. Dr. Vanderveer, of North Branch, attended with me on this case.

When the foregoing cases were first penned, the remedial power of chloroform was unknown, and the inhalation of sulphuric ether not practised. Their introduction has mitigated much of the sufferings of tetanus, and they have unquestionably in a number of cases proved curative. The pages of the REPORTER, and particularly of those medical journals which are strictly eclectic in their character, such as *Braithwaite* and *Ranking*, bear evidence of this fact. Although the failures of anæsthetic agents have been numerous, humanity rejoices in what they have done; for even where they have not cured, they have mitigated the sufferings of patients, and smoothed their pathway to the grave. We hail the enlistment of another potent element for combating tetanus, and would now sum up the treatment as follows: Let opium and calomel be freely administered, with the twofold object of relieving spasm, and producing a systematic impression, and let chloroform be brought to bear upon the case, so as to keep the patient under anæsthetic influence as far as is compatible with safety. The mass of professional testimony is, I believe, in favor of this course.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. III.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, Oct. 24, 1855.

Strangulated Hernia; Abnormal Distribution of the Epigastric Artery.—Dr. Wm. DETMOLD presented a specimen of *strangulated intestine* removed from a woman, a servant in the family of a physician. When called to the case in the morning, she was found in a state of collapse; pulseless; extremities cold. There were two tumors in the right femoral region; one of them he regarded as a hernia, the other as enlarged inguinal glands. On inquiry, he ascertained she had retired the night previously, complaining but little; her mistress supposing her menses were about being re-established, having been suspended for twelve months. He was also informed that her fellow-servant had for some time refused to sleep with her, on account of her excessive fetid breath. She died a few hours after. On *post-mortem* examination, evidences of general peritonitis were observed, and the intestine strangulated. The smaller tumor proved to be a portion of the gut separated from the larger mass by the epigastric artery, which would, undoubtedly, have been divided in an operation. The large intestine was contracted to the size of the little finger. Both ovaries were studded with corpora lutea, apparently.

Dr. DALTON, after examining them, said they were not corpora lutea, but enlarged Graafian vesicles.

[This case seems to have been further discussed by Drs. Clark and Detmold, but was left unfinished in the report as it reached us.—*Ed. N. J. Med. Rep.*]

Scirrhus of the Pancreas, &c.—Dr. LOUIS BAUER exhibited a specimen of *cancerous disease of the pancreas*, removed from a female, 46 years of age. He had seen the patient but twice, the first time one year and a half since, together with Dr. Willard Parker, and consequently was but little acquainted with her history. There was, at that time, over the cardiac region, a pulsating tumor, which he (Dr. B.) was inclined to regard as an aneurism of the innominata; but Dr. Parker was rather of the opinion that it was a cancerous mass. Taking food was attended by a very peculiar sound.

The *post-mortem examination* revealed the tumor to be scirrhus of the pancreas. In the apices of the lungs were tubercles in different stages of advancement. The heart was hypertrophied on the left side, and surrounded by varicose veins in great abundance. The cardiac opening of the stomach was contracted by cancerous deposit; the pyloric orifice also narrowed. The transverse colon was contracted, and adherent to the cancerous mass. There were two ovarian cysts; one was opened, and the fluid was found to contain albumen and blood-discs. In the body of the uterus were two cancerous tumors. The spleen was very soft; liver, rather atrophied.

Cancerous Tumor.—Dr. J. C. DALTON presented a *cancerous tumor*, which he thought interesting, as bearing upon the question under discussion at the last meeting, viz: the degeneration of benign into malignant growths. It was removed by Dr. Willard Parker, on Monday, from a female 18 years old. The mother stated it had existed from birth. It was situated upon the back, in a median line, between the scapulae. It remained quiet for eleven years,

when it enlarged, but caused no trouble. About six months ago it became painful, and rapidly increased in size, especially during the latter period of utero-gestation. When first seen by Dr. D., some weeks before removal, the tumor was movable, and skin purplish. Some time after, she accidentally struck it against a chair; it soon ulcerated, the edges being everted. On inspection, in the centre is a cavity caused by a slough; the margin is everted. In portions taken from the everted edges of the tumor, no cancer was detected in being placed under the microscope; in its deeper portions, the mass looks malignant to the eye, and on being subjected to the microscope, gave undoubted evidences of its cancerous character. Dr. Clark regarded the specimen interesting, but of no value whatever as to the question of the degeneration of fibrous tumors, inasmuch as tumors, which we call cancerous, do remain dormant for many years. Dr. Dalton thought the clinical history of the tumor pointed to its not being malignant at first, and as such, bearing upon the subject.

Achorion Schonleini, or Porrigo Favosa.—Dr. DALTON next exhibited, under the microscope, a specimen of *porrigo favosa*. He received it from a physician, who was called to see a female patient having bilious colic. She also had an eruption on the upper eyelid, and nowhere else. On inquiry, it seemed there were in the house two cats, covered with spots of porrigo; one of them having it longer than the patient. On placing a portion of it under the microscope, the *achorion schonleini* was observed. It is composed of filaments and spores. In the portion taken from the patient, but few filaments exist, but spores in great number; in the crust from the cat, filaments in abundance are seen.

Puerperal Convulsions—Death.—Dr. T. C. FINNELL presented the *uterus*, obtained from a patient, who died of puerperal convulsions occurring after delivery. She was attended by a midwife, who attempted to apply the forceps, but failed. A physician was then called, who applied the same instruments and delivered her of a dead child. Soon after, an arm presented; he turned and brought away another dead child. She died the next day of convulsions. Nothing special was observed at the autopsy, except congestion of the kidneys.

Dr. Sayre remarked, that he recently attended a woman in labor; convulsions followed delivery, and were entirely arrested by chloroform. The urine contained a large amount of urea.

Dr. Schilling observed that he was the physician in attendance; that convulsions occurred before delivery, and were arrested by use of chloroform. The urine contained albumen.

Dr. Clark remarked that he had recently administered chloroform in two instances of convulsions with great satisfaction in acute hydrocephalus. A moderate and careful use of it quieted the children. Also in convulsion of typhus fever, an uncommon complication, the object being, not to induce coma, but simply mere quiescence. He had also used it with considerable advantage in convulsions arising from various causes, in delirium tremens, in erysipelas of the head.

Dilatation of Stomach.—Dr. FINNELL next presented an instance of dilatation of the stomach, with atrophy of its coats. It contains 143 ounces. History unknown.

Peritonitis; Abscess of Liver.—Dr. MCCREADY presented the *intestines* of a man received into Bellevue Hospital in a debilitated condition, from the effects of drinking, and an obstinate diarrhoea. He seemed to progress favorably until symptoms of peritonitis appeared, under which he sank. The *post-mortem* revealed evidences of peritoneal inflammation, and considerable ulceration of the mucous membrane of the large intestines. In the liver there existed an abscess, containing about a pint of pus.

Dr. Clark remarked that the thinness of the walls of the abscess towards the diaphragm was remarkable; the abscess was old, and evidently forcing

its way up to the diaphragm, onwards, to be expectorated through the bronchial tubes, when the inflammation caught him, as it were, at a time when there existed an inflammatory diathesis, and from that point it spread over the whole liver. From this, he inferred, the peritonitis arose.

Tubercles on Heart; Albuminuria; Pericarditis; Pneumonia.—Dr. McCREADY next presented a specimen of *tubercular deposit* on the surface of the heart, obtained from a patient received into Bellevue Hospital, on the 4th of September, 1855, aged 24 years, and a native of New York. Both of his parents died, at an early age, of phthisis. Constitution, delicate; habits, temperate. In March, 1854, he entered the hospital, suffering from an attack of dysentery; after remaining three months, he was discharged as *relieved*. During his stay in the hospital, he had an attack of rheumatism in the feet and ankles; and since then a dry hacking cough, accompanied occasionally with hæmoptysis. About two weeks previous to his last admission, he was seized with intermittent fever, which left him much debilitated.

Physical examination evinced some dullness under the left clavicle, with rudeness of the respiratory murmur, and slight crepitus at the end of inspiration. Heart sounds, normal. *Saturday, Sept. 8*, had a chill followed by fever; pulse 120, of moderate force and fulness; complains of unusual pain in the left chest and shoulder. The next day, a slight rubbing sound was heard over the præcordial region. Counter-irritation by cups, over the heart, and minute doses of Dover's powder ordered. His general condition improved until Tuesday the 11th, when he had another chill, followed by fever; pulse 120; skin hot and dry, with increased pain in the left side and shoulder. Physical examination.

A loud and well-marked double friction is heard over the præcordial space, most distinct over the middle third of the sternum. Pulmonary signs same as before noted; dullness normal over præcordial region.

Ordered cups over heart, and small doses of calomel. On the following day his condition was much the same. In front, the physical signs the same; posteriorly, over the lower lobe of the left lung, those of pleuro-pneumonia, are evident, but no cough or expectoration. Treatment continued. 5 P. M. Patient very restless; pulse 150, and weak; skin hot and dry; tongue furred in the middle. Calomel discontinued, and brandy given, one ounce every hour. He improved under this course of treatment. *Sept. 14*. Signs of pneumonia present. Heart sounds less distinct, but same in character; no cough or expectoration. *20th*. Heart sounds same, though decreasing in intensity; bronchial respiration and bronchophony disappearing; crepitus returning. *23d*. Præcordial signs have entirely disappeared; præcordial dullness not increased. No dyspnoea; endocardial sounds normal and distinct. From this time he gradually failed, and died *Oct. 2*, the physical signs remaining much the same. His urine was repeatedly examined, and albumen always found; no microscopical elements. Acid, specific gravity 1.007 to 1.008.

Autopsy twenty hours after death.—Body much emaciated, of a very pale and dusky hue. Head not examined.

Thorax—Pericardium thickened, and adherent everywhere to the heart. On cutting through the lower part of it, and stripping it up from the surface of the organ, numerous yellowish-white spots, about the size of a duck-shot, of a thick creamy consistence, were observed. These were imbedded in the substance of the heart, and had the appearance of tubercles. At the base of the heart these spots were larger and more diffused, resembling circumscribed collections of pus or softened tubercles. A microscopic examination of this substance exhibited numerous globular cells, irregular in shape, shrivelled and granular, about $\frac{1}{30}$ of an inch in diameter, with two or more nuclei. The whole mass was made up of these cells with fine granular and fatty matter. Valves of the heart not diseased.

Lungs.—The lower lobe of the right lung was in a state of complete red

hepatization; the inferior lobes of the left lung were grayish and cedematous. A few obsolete tubercles at the apex of the left lung.

Liver—pale, size normal; surface mottled with yellowish-white patches; most marked where the organ lay in contact with the ribs, thought to be evidence of commencing fatty degeneration.

Kidneys—small, weight of both five ounces. They were well-marked specimens of the granular variety of disease—their surfaces covered with light-yellow spots. The cortical portion from one to two lines in thickness. Pyramidal portion congested, and strongly contrasting with the paleness of the cortical. Microscopic elements—granular fat, and well-marked fatty degeneration of the epithelium.

Neurotic Tumor.—Dr. A. C. Post presented a subcutaneous *neuromatous tumor*, removed from the anterior tibial surface. It had been growing about four years. Microscopic examination showed it to be composed of fibrous tissue; no nerve fibres visible.

Dr. Clark observed, that he did not regard these as nerve tumors, but hypertrophy of the neurilemma—a fibrous tumor growing on the sheath of the nerve, which is spread out and displaced, and seems as if lost in the tumor.

Dr. Detmold desired to make an additional statement in reference to the case of tumors over the surface of the body, presented a few evenings since. The patient has since died, and the tumors were found to be carcinomatous.

DENILT DISPENSARY, N. Y.

BIBLIOGRAPHICAL NOTICES.

- ART. IV.—1. *Proceedings of the Sixty-third Annual Convention of the Connecticut Medical Society*, May, 1855; with a list of members, and the Dissertation of Stephen G. Hubbard, M.D. Pp. 87. Hartford: 1855.
2. *Transactions of the Medical Association of Southern Central New York*, at the ninth annual meeting, held at Elmira, June 5, 1855. Pp. 124. Elmira: 1855.
3. *Transactions of the Belmont Medical Society for 1854, '55*. Pp. 172. Bridgeport, Ohio: 1855.

THERE are two things we cannot help liking about the *Transactions of the Connecticut Medical Society*—they are, their neat “getting up,” and the very business-like manner which characterizes the proceedings. The business of all the medical associations that we ever attended has dragged heavily, and been irksome in itself, and doubly irksome to one who feels the importance of profitable and pleasant meetings of the kind.

The annual dissertation by Dr. Stephen G. Hubbard is on such an important subject, and is of such a practical and useful character, that we transfer it entire to our pages, and commend it to the attention of our readers.

A report and recommendation were made by Dr. Baldwin, on the sale of patent medicines, which is worthy of attention. He says—

“The sale of patent medicine nostrums involves a large sum of money, variously estimated at fifty to five hundred thousand dollars; that most of this sum is carried from the State and pays no tax, being sold by peddlers and others on commission; that it is just that it should pay a certain tax or license in the towns where raised; that the payment of a license fee would restrict the sale of those articles in which the manufacturers have no confidence, and limit the operations of the adventurers who seek to replenish their pockets by hawking articles of pretended efficacy on the suffering sick. The Committee recommend that the Convention call the attention of our State Legislature to this view of the subject for such legislation as sound political economy demands.”

This is a view of the sale of nostrums that is worthy the attention of the legislatures of every State in the Union. The manufacture of these articles is a great evil, and the business one of

the most profitable that can be undertaken. Why should not these articles be taxed, and thus do some good by yielding a revenue to the State?

Dr. Gurdon W. Russell presented a valuable report on the Topography and Hygiene of the city of Hartford. The profession has not yet come up to its duty on the subject of hygiene, though we are happy to state that the subject is attracting more and more the attention of our national and sectional medical associations.

The *Transactions of the Medical Association of Southern Central New York* increase in interest every year. We regard this as a model association in respect to the number and value of the reports and essays read before it, as well as the prompt dispatch of business. The ninth annual meeting was held in Elmira, on the 5th and 6th of June last. The President, Dr. S. H. French, in his opening address, suggested the propriety of having committees appointed to investigate the medical botany of the district of country over which the association extends—that a well written essay on the subject of quackery be secured, and published, for gratuitous popular distribution, and that “since physicians are the abettors and main supporters of the great temperance reformation of the day and age, this association should, at the present session, take some action to aid in the execution of the prohibitory law about to take effect.” The President of the Association is worthy of all honor for making such a recommendation, and the Association in adopting the report of the special committee to whom the subject was referred, conformed to the spirit and aim of the science of medicine, and the mission of the true physician, which is not simply to aid nature in the cure of disease, but to aid in removing as far as practicable the *causes* of disease, suffering, and death. The committee reported as follows:—

“As it has ever been the highest aim of the medical profession to guard the health and promote the happiness of the human race, and as the use of alcoholic drinks as a beverage is alike detrimental to both, we are ever ready most cheerfully to acquiesce in any legal and judicious effort to remove this prolific cause of suffering and disease.”

We hope to see such testimony given to this humane movement by every medical association in the land.

We observe that not less than four applications were made for honorable discharge from membership of the Association, one on account of age and withdrawal from the profession, and three on

account of change of occupation. Such action manifests a respect for the Association that is calculated to add to its dignity and usefulness.

The President, Dr. French, in his address, after some general observations on the progress of medical science, makes ovarian disease, or dropsy, the principal subject of his remarks. His history of the surgical treatment of the disease is comprehensive, and valuable for future reference; we therefore copy it for the benefit of our readers:—

Remarks on the Surgical Treatment of Ovarian Disease.—"The treatment is naturally divided into the *surgical* and *therapeutical*. In some modes of treatment which have been adopted, both divisions or plans of treatment have been combined. The strictly surgical treatment which has been practised consists in the extirpation of the tumor. Gastrotomy has been practised for many years for various purposes, and doubtless the idea of the removal of the diseased ovaria was suggested by the success attending such operations. The first operation on record for the removal of a diseased ovary was performed by a French surgeon (L'Aumonier), about the year 1800. Soon after that, in 1809, Dr. McDowell, of Kentucky, removed an ovarian tumor, and the patient recovered. Since this time the operation has been performed by various surgeons both in Europe and America. The particular manner of the operation has been a subject of considerable controversy. Some advocating the *great incision* in the *linea alba*—others the small incision; while others still, recommend the incision to be made at the *linea semilunaris*. The mode of arresting hemorrhage in the pedicle has also been various. Some secure the vessels by piercing the pedicle in the centre with a double ligature, and tying each half separately. Others have surrounded the whole mass with one ligature; some operators bring the ends of the ligatures out of the wound, while others cut them off close to the knot. The result of the patient has been about the same in either case, and the proportion of deaths differs but little as relates to the manner or situation of the incision, or the kind or number of ligatures used.

"Dr. Lee has taken much pains to collect all the statistics of the operation from 1809 to 1846. He has been able to collect the history of 118 cases; of these 78 recovered; which shows nearly two recoveries to one death. However, it must be borne in mind that in some of these operations no tumor was found, and in others, the tumor for certain reasons was not removed; and it has also been ascertained that he was not in possession of the history of all the cases when his tables were published. The proportion of deaths of those cases not published are as 3 to 5. Prof. March, of Albany, says, that according to his best knowledge and judgment about one-half of those operated on die!

"Now, in view of these facts, the question arises whether the surgeon is justifiable in recommending a patient to submit to the removal of a diseased ovary when her chances are only *equal* to live. Or even whether he is justifiable to operate, upon the solicitation of the patient herself. Many of the most eminent living surgeons both of Europe and America have expressed their decided disapprobation of the operation. Mr. Liston says (see *Lectures on the Operations of Surgery*, page 419): 'These operations, in my opinion, are exceedingly unjustifiable; I have always set my face against them, and I think I always shall.' He then states his reasons at large for such opinion. Prof. Mütter, of Philadelphia, in the book above quoted, page 423, says: 'For my own part, I have endeavored faithfully and cautiously to examine

the subject, being prejudiced neither for nor against it, and must confess, from the information now furnished to the world, I am induced to range myself among its opponents, except in cases of unilocular cyst without adhesions.' Prof. Meigs (*Females and their Diseases*, page 312) says: 'Having said so much, it is clear that I am opposed to the operation of extirpating the diseased ovary.'

"On the other hand, some eminent surgeons are strongly in favor of the operation; among these may be named Prof. Simpson, of Europe, and Dr. Atlee, and others, of America. I do not propose to discuss, at length, the arguments *pro* and *con* as connected with this important subject; but shall offer a few reasons why we should be extremely cautious in the matter, and well weigh the probabilities as regards the result, before deciding upon an operation.

"First, then, on account of the uncertainty of the nature of the tumor. It is very difficult to determine positively the nature of the tumor situated in the abdomen. Mistakes have been made by the very best surgeons, and that not very infrequently either; *deplorable* mistakes too, which put in jeopardy the lives of many females. There are tumors of the uterus or its appendages, which no sane man would attempt to remove, and which it is utterly impossible to distinguish from ovarian by any known rules of diagnosis. Several operations have also been commenced, when, upon laying open the abdomen, no tumor could be found. Other cases have been abandoned after the section, in consequence of adhesions or the size of the pedicle, which were of so formidable a character as to preclude the possibility of breaking them up or tying the pedicle and saving the patient. Another argument against the operation consists in the danger of the operation itself. Upon looking over the list of published cases, we find that the patient is liable to be destroyed by hemorrhage, peritoneal inflammation, and implication of the intestines, and the shock to the nervous system. Extreme suffering from pain and protracted convalescence are not necessarily fatal of themselves, but so act upon the system as to increase the danger, and not unfrequently help to make up, with other causes, a fatal result. Although Dr. Atlee has recently given an opinion* which conflicts with this, still on the other hand we have a host of facts which all show but too clearly the truth of this position.† But it may be asked here by the advocates of ovariectomy, if all these dangers exist, why is it that so many recover from the operation? Statistics, say they, show that this compares favorably with other capital operations in surgery. In answer to this, it might be said, and it has been before proven that tables are but bad representations of actual facts. Surgeons are sometimes reluctant to bring their unfavorable cases to light; as in so doing the enemies of the profession (who are ever ready to take undue advantage of every circumstance that they can light upon) will turn the tide of popular opinion against the profession. Tables are also made up too hastily—too soon after the operation, and thereby cutting off the final result. But admitting the tables are correct, and that but one in two or three die from the operation, there are other reasons still for opposing the operation. Other capital operations, it is true, show as great mortality following them as this, but still the difference between the one operation and the other is this: 'The one saves 3 out of 7 patients, who could not by possibility survive even a few days, were the operation postponed; while the other sacrifices one unnecessarily to prolong for a few months or years the lives of two, who would, in all probability, have lived as long had no operation been performed.‡ In the case of hernia, or amputation, the patient must die if let alone. In the case of ovarian disease, life is put in jeopardy in the attempt to relieve the patient of an inconvenience, or unsightly enlargement of the abdomen. In the one case the surgeon is prompted by the highest principles of humanity

* Boston Med. and Surgical Journal, Jan. 1855. † Liston, p. 424. ‡ *Ib.*, 425.

to save the life of an afflicted fellow being, and his sense of moral duty urges him on; while in the other case it is to be feared that, at least in some instances, the renown of being the hero of a great and hazardous operation may possibly have some influence in prompting its performance.

"The nature and course of the disease, it may also be said, do not warrant so terrible a remedy. In a vast majority of cases it is quite clear that the patient's life is not shortened by the disease. It has been declared by no less authority than Wm. Hunter, that, 'that patient suffering from ovarian disease will stand the best chance of living longest who does the least to get rid of it.' The disease is often very slow in its progress, gives the patient but little inconvenience, and not unfrequently other disease entirely foreign from this may be the one which destroys the patient.

"It may, and occasionally does, terminate spontaneously. Medicines also at times, as will be shown subsequently, have a very powerful controlling effect upon it; and lastly, if the patient recovers from the effects of the operation, the disease may be of a malignant character which will pursue its own course, entirely uninfluenced by the operation.

"Most of the foregoing objections have been urged by European surgeons, and even by those who have themselves operated. In our own country there are but a few who still advocate the removal of the disease by operation.

"If, then, ovariectomy has failed as an available remedy in this disease—if the removal, with the knife, of the diseased ovary is attended with so much hazard to the life of the individual, shall she be abandoned to her fate? By no means. Much can yet be done, both medically and surgically."

In respect to the *therapeutical* treatment of the disease, we do not see that Dr. French brings forward anything new. His treatment consists of the free external and internal use of iodine, with the occasional use of hydragogue cathartics.

Dr. L. H. Allen, of Owego, furnishes a well prepared essay on the use of alcoholic stimulants in disease. In the belief that animal heat is due to the combustion of oxygen in the lungs and bloodvessels, he would use alcoholic stimulants freely in diseases marked by great depression and loss of vital power. Our own views on this subject fully accord with those expressed by Dr. Allen.

Dr. J. G. Orton, of Binghamton, furnishes an excellent communication on Chemical Pathology. He shows the importance of an application of chemistry to the elucidation of the pathology of disease, with a view to the proper application of remedial agents. He particularly calls attention to the importance of chemical analysis of the renal secretion, quoting at the conclusion of his remarks on the subject, the following sentiment from Dr. Golding Bird:—

"The analytical examination of the products of the renal secretion in disease may be regarded as one of the most important aids in diagnosis, and which it would be alike injurious to the welfare of the patient, as to the credit and reputation of the practitioner, to avoid."

Dr. Orton concludes his essay with the following remark:—

"The intimate connection which we have seen it evidently has with the science of medicine, and the important assistance which it will afford for the elucidation of the physiological and pathological phenomena manifested in the animal organism, and the rich harvest of honors which it will most assuredly yield to its assiduous cultivators, will ever commend it to the favorable consideration of every true lover of science as the 'guiding star' to the final separation of empiricism from medicine forever."

As a practical application of Dr. Orton's views to a case in practice, we quote the following, from another portion of the *Transactions*:—

Oxalic Diathesis, by J. G. Orton, M. D.—"Mr. W——, aged 32, mechanic, consulted me June 16, 1854, giving the following history of himself during the past few years:—

"Digestion uniformly disordered; obliged to take physic very frequently; appetite at times very deficient, but oftener exceedingly voracious, and peculiarly fond of saccharine substances; disquietude in sleep; easily frightened; much annoyed with diuresis; headache; palpitation of heart; depression of spirits, and general debility. An exacerbation of these symptoms takes place at least once every month, entirely unfitting him for physical or mental labor.

"At the time of the consultation, this gentleman was laboring under intense hypochondriasis, but free from pain or any local abnormal condition of the body that could possibly be detected by physical examination.

"June 17.—On examination of *urina sanguinis*, by chemical analysis and the aid of the microscope, I was enabled to record the following as its more important constituent elements: Specific gravity, 1.024; triple basic phosphates, excess; acid, medium; oxalate lime, very abundant in octohedral crystals; uric acid, deficient; urea, excess; mucus, excess. Pathology; oxalic diathesis.

"*Treatment*.—Hydrochloric acid, two drachms; nitric acid, one drachm; aqua pura, two ounces; ordered to be taken as follows: The acids to be separately mixed with half of the water, and twelve drops of each to be taken after having been mixed together, about half an hour before meals, three times a day. Ordered total abstinence from all saccharine substances, and in particular from pie-plant pies, and all articles of food calculated to increase the formation of oxalic acid in the system.

"June 20.—Patient reports himself as feeling much better; less headache; sleep more quiet; spirits buoyant, and gone to work at his trade. The *urina sanguinis* exhibited itself as follows, under examination: Specific gravity, 1.030; basic triple phosphates, medium; acid, medium; oxalate lime, less abundant; uric acid, deficient; mucus, less; urea, excess. Ordered a continuance of the acids.

"June 29.—Patient still on the improve; diuresis much abated, as all the other symptoms of functional disturbance.

"Analysis of *urina sanguinis* resulted as follows: Specific gravity, 1.028; basic triple phosphates, medium; acid, medium; oxalate of lime decreasing; uric acid, a trace; mucus, medium; urea, normal. A continuance in the use of the acids was ordered.

"July 19.—Patient reports himself as feeling extremely well; in every respect much better than he had been at any time for two years past. In fact, he complains of none of the symptoms which have been the cause of his uneasiness for years.

"On examination of the *urina sanguinis* I found it as follows: Specific gravity, 1.028; basic triple phosphates, normal; acid, excess; oxalate of lime,

absent; uric acid, medium; mucus, medium; urea, normal; quantity of excretion, normal. Ordered a discontinuance of the acids for the present, and prescribed vegetable tonics and zinc.

"Although I have discharged my patient for the present, it is probable that in the course of some months a slight return of the *oxalic diathesis* will present itself, as is usual in this peculiar affection; in which case the acids will again be resorted to, and so on until, ultimately, the diathesis shall become permanently eradicated from the system.

"My patient was seen a few days since, and although nearly a year has now elapsed since he was first under treatment by the nitro-muriatic acid, yet he expresses himself as enjoying good health, and entirely free from all the troublesome symptoms he had formerly experienced.

"The point of interest in this case, is the same which is made manifest in all the cases of oxalic acid diathesis which have fallen under my observation, when treated by the nitro-muriatic acid; *provided* the crystals of oxalate of lime be of the *octohedral* form. If they be of the dumb-bell shape, the acid treatment will not effect a cure; the nitrate of silver then becomes the remedy of most value in its eradication.

"The microscope will alone decide what course of treatment it is proper to pursue."

There are several full and interesting reports on the epidemics of the various counties, besides several individual cases of interest, but we have already drawn so largely on our columns, that we must refrain from any further notice at present, of this very interesting volume of transactions.

The *Transactions of the Belmont Medical Society* consist of a number of addresses, reports on special topics, cases, &c. Many of these are very interesting and useful. Dr. Ephraim Gaston, of Morristown, reports several cases of acute rheumatism successfully treated by the use of poultices of urate of ammonia, as recommended by the late Prof. Horner, through the *Medical Examiner*. Dr. Gaston not being able to procure potter's clay, used the common yellow clay and human urine, applied to the inflamed joint as hot as could be borne. The application was successful in every instance. Constitutional remedies were employed at the same time.

In the annual report on Quackery, the conduct of a prominent man in the world of letters is commented on as follows:—

"Another phase of quackery has been presented during the last winter, by a man distinguished for belle lettre literature. I mean N. P. Willis, of New York. As the editor of the *Home Journal*, he has been entertaining his readers with *Idlewild Letters*, insisting on it that he was far gone in consumption. Fathers, mothers, children cried over the approaching fate of their idol, endeared by many reminiscences of his bewitching pen. Die he would. Every week's bulletin revealed a lower depth. The allopathic faculty had failed to give relief. Soap jackets and breathing-tubes hurried him every day a step nearer to the tomb. Notwithstanding all hearts were filled to the brim with grief at his approaching fate, it afforded a solid satisfaction to see

how classically a man could write himself out of existence. To the mortification of many who had expected to wear crape for at least thirty days, Willis did not die. He lives, 'sound as a brick,' according to his physician—hemorrhage stopped, tubercles vanished, caverns filled up—all by *Odic force*. Ah, Mon Dieu! * * * Twenty or thirty thousand subscribers, at \$2 a head, may have had something to do with this notable case."

From a specimen of "plain language," to be found on page 100, we infer that our friend Dr. Affleck has turned Quaker! He discourses of Hunter, the consumption curer:—

"*Quack* applied to such men as Hunter, is a lame term. Villain, swindler, traitor to humanity, would be far more appropriate, and even these terms fail to describe such a vast amount of recklessness and rottenness."

ART. V.—*Clinical Lectures on Surgery*. By M. NELATON. From Notes taken by WALTER F. ATLEE, M. D. Philadelphia: J. B. Lippincott & Co., 1855. Pp. 755.

M. NELATON, we are inclined to think, stands at the head of French Surgery, and reports of his clinical lectures cannot but be acceptable to the profession on this side of the Atlantic. Cases are so arranged, in the work before us, as "to class under the same head those in which the same pathological lesion existed; though, in some few instances, when the great interest of the case lies in the diagnosis, this plan has been departed from, and the case has been classed with others, from the fact that it was *not* one of them." These notes make a large and handsome volume, in which almost every subject of surgical interest is, in some degree, touched upon. It is a common opinion that the French *diagnosticate* diseases better than their professional brethren elsewhere, but do not *treat* them as well. Whether this be true or not, one thing seems certain, that thoroughness in pathological investigations, careful notings of every degree of disorganization in every shade of lesion, are eminently characteristic of the French surgeon and physician, as the "notes" before us additionally prove.

Dr. Atlee, it will be remembered, recently published his notes on the lectures of M. Bernard and Robin. To follow a rapid lecturer with notes in a foreign language, and then translate them, without betraying occasional ambiguities and some want of just connection, is no easy task; and blemishes of this nature, by no

means inexcusable, sometimes unavoidable, and quite apparent in the notes on M. Bernard, Dr. A. has taken more care to guard against in the present volume. We hope to hear from him again in a department upon the duties of which he has so ably entered, and doubt not the result will be fruitful of advantage both to himself and his profession.

P.

ART. VI.—*Transactions of the American Medical Association*. Instituted 1847. Vol. 8. Pp. 763. Philadelphia: Printed for the Association by T. K. & P. G. Collins. 1855.

WE are glad to see that the *Transactions of the National Medical Association* for the present year keeps up with, if it does not go beyond, its predecessors, in the importance of the matter it contains. The minutes were published in full in the REPORTER for June last. The volume before us contains some valuable papers. The excellent report of Dr. Reyburn, of St. Louis, on the diseases of Missouri and Iowa, occupies 240 pages. The report of Dr. Sanford B. Hunt, of Buffalo, on the *Hygrometrical State of the Atmosphere in different localities, and its Influence on Health*, is on an interesting and very much neglected subject, and is ably treated of. The report of Dr. Frank H. Hamilton, of Buffalo, on *Deformities after Fractures*, falls like a bomb-shell amidst the statistics of hospitals and works on the practice of surgery. He contends that these works give an incorrect view of the result of fractures, as they result in deformity much more frequently than is represented. Why has not the doctor finished the subject? Or is he going to make deformities, resulting from other fractures, the subject of a future report? We are glad that the young surgeon, who so often suffers unjustly and ruinously from suits for malpractice, has so able an advocate and friend in Dr. Hamilton. Dr. Charles Hooker's report on the *Diet of the Sick* is an exceedingly valuable paper, and is of itself worth the cost of the volume.

There are several other special reports of value, but we cannot now enumerate them. The *Prize Essay* by Dr. James D. Trask,

of White Plains, N. Y., is a valuable collection of *Statistics of Placenta Prævia*.

This volume is well worthy the attention of our readers. How so large a book could be got out in six months we cannot conceive, especially when the proof-sheets of most of the reports had to be sent such distances to all parts of the country!

Those desirous of possessing the volume can secure a copy by sending three dollars to the Treasurer of the Association, Dr. Caspar Wister, Philadelphia, Pa.

ART. VII.—*Pronouncing Medical Lexicon; containing the correct pronunciation of most of the terms used by speakers and writers on Medicine and the collateral sciences; with Addenda.* By C. H. CLEAVELAND, M. D., &c. Pocket size, pp. 302. Cincinnati: Longley Brothers. 1855.

FROM the number of lexicons that have been lately published, it would seem that lexicography is a favorite subject for authors. We noticed two books of this kind last month. The work before us seems in all respects to answer the purposes of a miniature lexicon. The pronunciation is given in phonetic characters. It is humiliating to think that students of medicine and physicians are so ignorant of the rules of pronunciation as to require to have a pocket lexicon, burdened with a new written language, for the purpose of teaching how to pronounce words. The addenda consists of abbreviations used in prescriptions, together with the original terms and phrases translated into English, with a list of poisons and their antidotes.

We have no doubt that the work will fully meet the objects it was intended to meet.

EDITORIAL.

CLOSE OF VOLUME EIGHT.

WITH the present number of the NEW JERSEY MEDICAL REPORTER the labors of another year are brought to a close. To us it has been a year of toil and of trial, yet a year of prosperity and encouragement. We have, during the year, expurgated our subscription list of profitless subscribers, whose aggregate indebtedness to us reaches, if it does not exceed, the sum of one hundred dollars. We have questioned whether it was not a duty we owe our contemporaries, to publish the names of those persons who patronize medical journals without paying for them, and still hold the question for future decision. On the other hand, our list has received large additions of new subscribers the past year. These have come from every section of the Union, and it is a peculiarly satisfactory feature of this increase, that it comes from the better class of practitioners, those whose names are found on the registers of our national and sectional medical associations, and who are well known and respected as practitioners of medicine.

But what have we given our subscribers for the annual tax of two dollars which we exact of them? Our readers will find, by glancing over their numbers, that we have given them more than 600 pages of reading matter (considerably more than we promised them), nearly all of which is *original*. This fulfils an important part of our mission, viz: developing the latent resources of the medical mind, and adding to the sum of medical knowledge. In this aspect we regard the labors of the year with unfeigned satisfaction. During the year we have published over eighty original papers on various topics of general interest to the profession—aside from editorial contributions, and the papers published in the *Transactions* of the Medical Society of New Jersey—being an average of more than seven original contributions to a number. These papers were penned by more than forty contributors residing in thirteen States of the Union, fourteen of whom were residents of New Jersey. We have also published five original steel engraved

portraits of distinguished physicians, making twelve since we began the enterprise, one in which we have no rival.

We have had the satisfaction of receiving voluntary written testimonials in great number to the value of the REPORTER as a medical journal, and the fact that during the year we had demands for back sets from Vermont, Massachusetts, Rhode Island, New York, Maryland, and Ohio, exhibits the fact that many of our readers show more than a passing interest in the work. One subscriber, a distinguished and well-known practitioner in the State of New York, writes as follows: "I have now taken the REPORTER two years, and had in the mean time, and for twenty years, taken the *American Journal of the Medical Sciences*, *Boston Medical and Surgical Journal*, and *London Lancet*, and I will say, without intending to flatter, that I like your journal better than any of them."

But it is to Jerseymen, after all, that we ought to look for general aid and support in our enterprise. If all the physicians of this State would patronize the work, we would of course have the means to make it more generally useful than it can be now. On this point we copy the following from one of the oldest and most respected practitioners in the State, and commend it to the members of our district medical societies:—

"You ought to have the hearty co-operation of every medical man in New Jersey, and I blush that there are any so recreant to duty as not to recognize your claims upon them. I am glad of the course you have determined upon of presenting the claims of the REPORTER to all the district medical societies.* This, however, will not bring the REPORTER before all the physicians of the State, as there is so large a number who have not connected themselves with the district societies. If it were not for drawing so heavily upon your funds, the services of an active general agent, who should present personally, the claims of the REPORTER, would be more effective. This measure would subject you, however, to very great expense; and, if every member of a district society would lend his influence, it would be unnecessary. If your numbers could but be brought before the eyes of all the physicians of the State, their very prepossessing appearance must insure them a favorable reception. They are dressed up in a neater manner than any of the other periodicals, and much of success depends upon a first favorable impression. Your work is calculated to produce this impression, which will increase upon acquaintance. Although you may have some ground for discouragement, you have much more to encourage you. Go on, then, in the prosecution of your work. You have the good wishes of your professional brethren, and, if my good wishes could accomplish it, you might appropriate the language of Virgil: '*Quæ regio in terris nostri non plena laboris*.' Don't think me extravagant, you have, and you deserve my best wishes for the prosperity of your enterprise."

* This was done some months since, by sending a circular to each society, which was responded to in several instances by a number of new subscribers.—EDITOR.

We are happy to say that we have many such "extravagant" friends, both in and out of New Jersey.

Since the above was written, we have had the good fortune to meet with an agent who is canvassing the State for an excellent newspaper published in Camden (the *Jersey Blue*), and who will at the same time present the claims of the REPORTER in the different towns and villages through which he passes. We bespeak for him a hearty reception. He will come furnished with credentials from us, and no agent, who is not thus furnished, acts by our authority.

WHAT IS THE GREAT DESIDERATUM IN OUR PERIODICAL MEDICAL LITERATURE, AND HOW IS IT TO BE ATTAINED?

There are several answers to the above query, and they very naturally accord with the bias and interest of the respondent. The editor is tempted to view it in relation to the interest he is supposed to represent, whether it be that of a publishing house, a college, a party or clique, or even some more private and selfish end.

As medical journals have heretofore been conducted in this country, there is little inducement for a publisher to engage in such an enterprise with the idea of mere money-making, for it would be too slow an operation, and the remuneration, when it did come, would yield too small a percentage on the capital invested. As most of our periodicals are conducted, they must either subserve the interests of a publishing house or medical college as advertising media for support, drag along a miserable existence, without sufficient vitality to leave any mark upon the medical mind—a thing to be tolerated rather than cherished—or sustained at considerable sacrifice by some one who, *con amore*, gives his time and his talents to the work. Elevated views and noble impulses are, however, actuating the breasts of a few such men who are laboring hard at the editorial board, and whose unrequited toils often redound to the credit and advantage of the profession.

But, we respectfully submit, that the profession has no right to exact such labors from their brethren without giving adequate remuneration in return for them, and that where a journal aims to represent the interests of the profession as a whole, it is their

bounden duty to give it their hearty support. There are such journals in the country, and they are, generally, the sole property of their editors, and ought to be made to yield them a handsome pecuniary return. A proper appreciation and support of such journals is the great desideratum.

If the capital that is invested in medical journals in this country were concentrated upon one-third the number, they would be better supported, and, if rightly conducted, would be more worthy of support. We are surprised that the effort is not made by some one possessing capital, to publish in one of our principal cities, a weekly periodical—at five dollars a year, say—with a competent and *well paid* editor, having in his employ a corps of able and well paid correspondents in all parts of the country. We feel assured that an enterprise of this kind might be made to *pay well* by the second year. Had we the capital, we would not hesitate to engage in such an enterprise, and should expect to give our readers a *good journal*, and be remunerated for our labors.

Most of our readers are, probably, familiar with the *London Lancet*, an English medical weekly, which, we believe, is republished in this country, though we have heard complaints that it is not a *faithful* reprint. The *Lancet* is, probably, the best supported medical periodical in the world, and is a medical library in itself, reflecting not only passing events, but giving to the profession, through its pages, in the form of lectures, the nuclei of many of the elaborate treatises on the various branches of medical science which are ever and anon issued from a prolific press. We have the good fortune to possess a set of the original edition from its commencement, in 1823, up to within a few years, and look upon it as a valuable part of our library.

In glancing, recently, over the pages of some of the numbers for the current year, the thought occurred to us—Why cannot such a work be supported in America? To be sure, “the genius of our institutions” would be slow to tolerate a periodical at seven or eight dollars a year, but we think that as good a work might be supported in this country at five dollars a year.

To increase the efficiency and usefulness of our periodical medical literature, then, we need a more vigorous and hearty support of our *independent* journals, and a firmly established and well-

ordered weekly in one of our large cities, untrammelled by any purely selfish interest, would likewise be a desideratum.

CARD OF THE COMMITTEE ON PRIZE ESSAYS OF THE AMERICAN MEDICAL ASSOCIATION.

At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award prizes in accordance with the regulations of that body.

Each communication must be accompanied by a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay; which packet will not be opened, unless the essay belonging to it receives a prize.

Unsuccessful papers will be returned on application, after the adjournment of the meeting at Detroit in May next.

Communications intended to compete for prizes, must be addressed to the Chairman of the Committee, Ann Arbor, Michigan, before the 20th of March, 1856.

A. B. Palmer, M. D. (*Chairman*), Samuel Denton, M. D., A. R. Terry, M. D., Abram Sager, M. D., S. H. Douglass, M. D., C. L. Ford, M. D., E. Andrews, M. D.

CASE OF RUPTURE OF THE SPLEEN.

We are under obligations to a correspondent in Washington City, for the following brief details of a case that recently came under the observation of Dr. W. J. C. Duhamel, of that city, and introduce it here, though out of place:—

"On the 15th of November, Dr. D. was called to see Robert Johnston, æt. 19, who had received a blow in the left side from a companion. He found the patient writhing in agony, and complaining of pain in his abdomen. There was great nervous prostration. Stimulants and revulsives, warm bath, etc., were used, but without effect, and he died in a quarter of an hour after the doctor's arrival. It was stated in evidence by Dr. D., at the coroner's inquest, that when he first saw the patient his pulse was small and intermitting, scarcely perceptible, countenance pale, almost exsanguine, giving the idea that hemorrhage was, probably, taking place. There being no external wound, the opinion was given that an internal organ, probably the spleen, had been ruptured.

"A *post-mortem* examination was required, and the cavity of the abdomen found to be filled with a semi-sanguineous fluid, and large clots of blood. The organs were all in a healthy condition, with the exception of the spleen, which was ruptured on its larger surface, from which dark blood was oozing. The hilus of the spleen and its principal arteries remained intact. The diagnosis was thus very satisfactorily verified. In August last, the boy had an attack of fever and ague, which continued for three weeks."

Our correspondent refers to a case which was published in the *London Lancet* some years since, in which the patient was supposed to have *spit up* his spleen, it having suppurated and discharged into the stomach. He also speaks of the case of a gentleman in Washington, who, in ascending a flight of steps, fell and ruptured his spleen. In vol. iv. p. 172, of the *REPORTER*, Dr. Wm. Bryan, of Beverly, in this State, publishes a case of rupture of the spleen which came under his observation.

NEW ORLEANS ACADEMY OF SCIENCES.

We have received the Constitution and By-Laws, and the proceedings of the two past years of the above society, for which the Recording Secretary will please accept our thanks. The maiden honor of membership which the society has conferred upon us is gratefully acknowledged and duly appreciated.

The Academy numbers, among its members, all the prominent men of science in New Orleans and vicinity, besides a number of honorary and corresponding members residing in different sections of the country. The proceedings are full of interest to the lover of natural science, and we shall keep our readers apprised of them so far as they may be of special interest to the medical man.


RAILWAY SURGERY.


We publish in this number the details of a few of the cases of surgery which resulted from the recent railway catastrophe of which our city was the scene. We hope to receive the details of other cases for publication in a future number, and hereby request the several surgeons who were in attendance to furnish us with the necessary material.


PROSPECTUS OF VOLUME NINE.


We call the attention of our readers to the prospectus of volume nine of the *REPORTER*, on the last page of cover; also, to the favorable notices of the work extracted from the letters of correspondents, which will be found on the third page of cover.

Having engaged the services of a competent agent to canvass the State of New Jersey, we send this number as a specimen, to the address of many physicians in the State who are not subscribers, that they may, when called upon, have the opportunity of having seen a recent copy of the work, and the prospectus of the volume which commences in January next. We confidently look for a large increase to our subscription list as the result of this canvass, and expect a hearty support the coming year, not only from the pockets, but from the *intellect* of the profession generally. In other words, we hope to receive many communications for our pages, which shall instruct and profit our readers. Let the profession give us a hearty support, and see if, in lifting us, they do not elevate themselves. We are in the hands of our friends.

 *Bear in mind that the terms are PAYMENT IN ADVANCE, and forward the amount of subscription as soon as the first number of the new volume is received.*

 We lost a great deal of time from our journal subsequent to the railway catastrophe of the 29th of August last, and have not yet been able to make it up. This will account for our late appearance for the past few months. We expect to make a fair start, however, with our next number, and hope to come out promptly, after the first of January, on the first of each month.

 The *New York Medical Gazette* classifies the medical classes of that city as follows: the University School, 200 students; College of Physicians and Surgeons, 160; New York Medical College, 75; total, 435. In Philadelphia, we learn that in the aggregate, the classes have fallen off some: the University about fifty, the Jefferson about one hundred, while the Pennsylvania and Philadelphia Colleges have increased somewhat.

 Hon. John Ross, Principal Chief of the Cherokee Indians, recommends council to make an amendment to the Prohibitory Liquor Law (which, by the way, is *much* older than the "Maine Law"), to reach those persons "who introduce intoxicating drinks under the convenient labels of the patent medicines and preparations of the day." Scheidam Schnapps man, take notice!

ECLECTIC AND SUMMARY DEPARTMENT.

Registration the Basis of Sanitary Reform. By STEPHEN G. HUBBARD, M. D., New Haven.—While it is the peculiar office of physicians to cure disease and alleviate human suffering, it is highly appropriate that, as a class and as individuals, we should be identified with every movement having for its object the *prevention of disease* and the promotion of longevity.

With this view, Mr. President and Gentlemen, I propose to remark, briefly, on the rise and progress of the great Sanitary Reform, which, although foreshadowed centuries ago, has only within a very few years received the legislative aid necessary to insure its more general adoption; but more particularly of Registration, the basis of that reform.

The preservation of the public health has from the earliest periods received the attention of physicians, philosophers, and statesmen; and did time permit, it would be interesting to trace the course of this movement—keeping pace with advancing civilization—as it shows itself in the laws revealed to the Jews, enforcing cleanliness—purification—protection from contagious diseases, and the general preservation of health; and in the legislation of Greece, where no city was without its health officer, and Epaminondas, Demosthenes, and Plutarch served in that capacity; or in the history of ancient Rome, where we find the most extensive and sagacious plans were in operation, for ventilation, sewerage, and an abundant supply of water.

Indeed, it is easy to see from collections of Roman antiquities, that the laws for the protection of health in that city were of a very radical and peremptory character, and were executed with a degree of vigor and impartiality almost unknown to us; and it is to this vigilant forethought that, in the absence of other organizing agencies discovered only in later times, we may attribute the success with which that remarkable people preserved social order, through so dense and vast a mass of human beings.

What was previously known of the science of public health, however, perished in the general wreck of civilization which followed the invasion of the barbarians; and it does not appear that any sanitary regulations whatever existed from the seventh to the fourteenth century. In those dark ages, the people lived without law of any kind, and consequently frightful epidemics often desolated the land.

In 1350, King James 2d of France, turned his attention to this subject, and established an ordinance which has been considered the commencement of Sanitary Reform; but it went little farther than to prohibit the keeping of swine in cities; and regulate the sale of meats and fish—and for nearly two hundred years the only attention the subject received, was to remove from cities some offensive manufactures. During the early part of the sixteenth century, it became apparent that the first step toward a radical improvement in the physical condition of a nation, and

the enactment of laws tending to increase the average duration of life, was a collection of its vital statistics.

"That upon the circumstances connected with the three important eras of existence, birth, marriage and death, depended, to a very great extent, the physical, moral, and civil condition of the human family.

"And that a knowledge of the circumstances is necessary for a full comprehension of important means for the certain advancement of the population of states in health, prosperity and civilization."

The conviction of these truths led to the establishment at Geneva, in 1549, of the first system of registration of births, marriages, and deaths. The result was the discovery of such an alarming state of facts concerning the low value of life in that city, as led to the enactment of wise sanitary regulations, which have been amended and enforced through a long series of years. As a consequence, the mean duration of life increased more than *five times* from 1550 to 1833; and with the increase of population, and more prolonged duration of life, happiness and prosperity were promoted: although with advanced prosperity marriages became fewer and later, and thus the number of births was reduced, a greater number of infants born were preserved, and the number of adults, with whom lies the strength and greatness of the state, became larger.

"Toward the close of the seventeenth century, the probable duration of life was not twenty years; at the close of the eighteenth century it reached to thirty-two years; and now it is more than forty-five years, while the real productive power of the population has increased in much greater proportion than its increase in numbers."

The registers there, as in many of the cities of France, are viewed as pre-appointed evidences of civil rights; and now, no person can inherit property, administer upon the estate of a deceased person, or marry, without exhibiting from these records his right to do so.

In Prussia and the German states, these measures are attended to with great exactness. Every fact appertaining to the health, lives and condition of the inhabitants, is carefully collated and published for the benefit of the people. In nearly all the European states besides those mentioned, facts in connection with this subject are registered and collected in the most scientific and systematic manner. And, to use the language of a distinguished American—

"Whatever we Americans may say to the contrary, the average longevity in many places where these measures have been in operation, appears greater than with us. Indeed, we have no little reason to fear that, unless something is done to arrest the progress and pressure of the causes of mortality in this country, we shall be in danger of possessing only a very young and immature population."

"The average age at death in many of our large cities, as far as returns enable it to be shown, is under twenty years—a fact which can only be due to the unfavorable physical circumstances of the people, and their ignorance of the true means of living, and avoiding disease."

In England, the public attention was awakened to this subject about thirty years ago, by an able article in the *Westminster Review* on "the casualties of sickness and mortality," by Edwin Chadwick, Esq., at that time a young barrister in London, and to whom more than to any other

the cause is indebted—and whose name should be handed down to posterity as one of the great reformers of his age.

Dr. T. Southwood Smith, with whose work on Fever we are all familiar, is another individual who has been prominent in all the sanitary movements in England, and to whom the world is greatly indebted for his active efforts in this direction. These gentlemen have been frequently called by Parliament to serve with others on various commissions of inquiry concerning the several branches of Hygienic reform, particularly in regard to their pauper system. One of their reports shows that *one-fourth* of all their pauperism is the result of preventable disease.

The registration act of England, after which all similar laws in the United States have been more or less closely copied, was introduced in Parliament by Lord John Russell, and went into operation July 1, 1837.

Says a writer in the *London Lancet* :—

"This was the most important sanitary measure ever adopted in England. Before that time, a perfect chaos respecting population and mortality reigned. Since then, a mass of statistics, relating to life, health and disease, has been accumulating, which will exert, and is exerting an immensely beneficial influence upon the physical and moral welfare of these realms, and indeed ultimately upon every people on the face of the globe."

"The discoveries of astronomy have not a more palpable application to navigation and commerce, nor the investigations in chemistry to manufactures, than have the statistics of health and disease to physical and moral regeneration."

This prophecy is now in process of fulfilment; the influence of this movement has reached our own shores, and in several of the States has led to the establishment of systems of registration on a similar plan.

To Massachusetts belongs the honor of taking the lead among the States, in the march of sanitary reform, at the instigation of a distinguished statistician of Boston, Lemuel Shattuck, Esq., to whose reports and correspondence I am indebted for many valuable facts. Responding to the call of the Massachusetts Medical Society, the legislature, in 1842, enacted a registration law, which has been from time to time amended, as experience of its practical workings indicated, until it has been brought to a good degree of perfection and efficiency.

New York soon passed a similar law, and was followed in 1852 by Rhode Island, New Jersey and Kentucky, in all of which States annual reports have since been published.

In the Connecticut colony, the first registration act was passed in 1644. On the third of June, it was "Ordered, that the Towne Clarkes or Registers in the seuerall Townes within this Jurisdiction, shall ech of them keepe a record of the day of marriedge of euery p'son hereafter married wthin their libertyes, and of the day of the birth of euery child hereafter borne, to whō the parent of the child shall wthin three dayes after the birth of his child certifie the day of the child's birth, and to whō euery man that shall be married shall wthin three dayes after his marriedge certifie his marriedge day, vnder the penalty of 5s, euery default. The said Register is to receaue vid. for recording the day of marriedge & iid. for recording the birth of the child."

In the laws as subsequently codified—it was required that "euery new

married man shall likewise bring in a certificate of his Marriage, under the hand of the *Magistrate wth married him*, to the said Register." "If any person shall neglect to bring in a noate or certificate as aforesaid, together with three pence a name, to the said Register, for all Births and Deaths—and six pence for each marriage, to be recorded, more than one month after such Birth, Death or Marriage, shall forfeitt for every default *five shillings*, and the penalty further increased vpon longer neglect, according to the judgement of the Court;" and the Register was required to send to the Secretary of the Court an annual transcript, together with a *third part of the fees*, under the penalty of forty shillings for every neglect. A similar record was commenced at New Haven in the following year, and both were continued until the opening of the Revolution.

Although these records were very imperfect, and contained merely the names of persons who died, were married, or born, they have proved of great value in tracing genealogies, and titles to property; and there is some reason to believe that the returns, such as they were, were more promptly made than they are at present.

The Registration law now in operation in this State is in the main excellent; and if universally complied with, would develop a mass of valuable facts which could not fail of exerting a great and lasting influence on our prosperity.

It is intended to accomplish two great objects.

First. To preserve the name, and afford the means of identifying the connections, and some facts concerning the personal history of every person who is born, marries, or dies in the community.

Second. To determine how health, life and longevity are affected by age, sex, condition, and occupation; by climate, season, and place of residence; and by the diseases to which under any circumstances man may be subject.

To accomplish the first object, certificates of birth should in all cases state the *maiden name of the mother—the nationality of both parents*, and as children are often not named when the return is made, it should state the *number of the child—whether first, or second, &c.*, in addition to those items now required.

Marriage certificates should also state in addition the *names and residences of the parents of both parties*, and the names of witnesses.

Certificates of death should also state in addition, the *names of the parents of the deceased*, and their *nationality*. In order to determine identity, it is necessary that these, and all the facts now required, should be recorded with exactness. Physicians in too many cases omit one or more of these facts, without reflecting that perhaps the very one which they consider of so little consequence, may be hereafter of the first importance to that individual or his friends, to say nothing of the loss which science sustains in the omission of a fact.

Records of this kind are of great importance in the various civil relations of society; and will secure to all classes numerous legal rights. It is useful to all persons, and to some it is of the greatest importance to be able to prove, in a legal way, their age and place of birth; and equally important is the day of death, and the particulars of the marriage contract.

Who does not know of individuals who have failed to obtain their rights of property, or have suffered in reputation, for the want of such legal proof of events and identity, as this law proposes to furnish?

A family once resident in New Haven, the undoubted heirs by the mother's side of a princely fortune in England, failed to receive it, for the reason that a *single fact* was wanting to complete the chain of evidence otherwise conclusive; and it is well known that millions of property in England, rightfully belonging to parties in this country, have been forfeited to the British Crown, because no legal record of Births, Marriages, and Deaths had been kept.

The widow of the late Dr. Dwight, President of Yale College, was for many years unable to procure the pension to which her husband's services in the army of the Revolution entitled her, for the reason that she had no proof of her marriage, no record having been made, and the witnesses being dead; she finally obtained it, however, through the aid of Joel R. Poinsett, while Secretary of War. He ordered it to be granted, on the ground that it was not to be supposed that so wise and good a man as his old and venerated instructor, would have lived all his life with a woman who was not his wife. How many families in this State would have been made glad, or have been saved from expensive litigation and pecuniary ruin, had such a plan of registration been faithfully carried out.

The records kept in New Haven have been repeatedly brought into requisition within two years, as legal evidence in suits affecting the social rights of individuals. Copies have been required in order to settle estates in England, Germany, Cuba, New York, and Massachusetts, besides for other purposes within this State; and I presume similar facts are known in other parts of the State. So far as my observation extends, the law is increasingly popular with the more intelligent portions of every community, who justly regard it as capable of conferring upon the State numerous benefits, the importance of which cannot be estimated.

To accomplish the second object, the record should show a class of facts different from those necessary to prove identity, though in some particulars they are the same; but as these are all included in the present law, I need not mention them here, except to remark that the attending physician should in all cases be careful to state in a certificate of birth, the *ages of the parents*, which many omit to do: this appears at first but a trifling matter, yet in future years such facts will prove of great service in determining the laws of population.

We shall know by these means what is the proportion of births and deaths among our foreign population, an item at present of peculiar interest; also of what diseases the foreign born and their children die. Forming as they do everywhere, a large and increasing element in our population, frequently bringing with them the seeds of disease and death, this becomes a matter of serious import.

The register in New Haven exhibits the fact, I believe, that a majority of the children who die there, are of foreign parentage, and that of these the larger part die between three and five years of age. If this statement is correct, and should be corroborated in the other large towns—the principal foci of the foreign population—it would be an interesting and useful fact. It is easy to see that by the accumulation of facts,

registration will lead to the adoption of such measures as will aid in the diminution of sickness—(and one-half of all that occurs, is believed to be unnecessary and preventable)—in the security of life—in the improvement of the general physical condition of the people, and in promoting their greatest happiness.

Among the other important considerations connected with this subject, is its bearing on Life Insurance.

It was long ago ascertained in Europe that the reproduction, the life, the sickness and death of man, are regulated by certain fixed and natural laws, which vary, of course, according to the individual, and the circumstances by which he is surrounded. These laws have not yet been investigated in their application to man in the circumstances in which he is placed in this country—neither can it be done in the present state of knowledge on this subject.

It is evident, however, that many facts exist, which render the operation of these laws peculiar to ourselves; and it is highly desirable, on this account, also, that a system of registration of human life, by which they may be obtained, should be faithfully carried into operation.

Life insurance, as common in England as insurance on property, is becoming a very important interest in this country; and it has always been regretted that insurance companies are obliged to base all their operations on either the Carlisle or other tables of mortality, prepared in England many years ago, and which never afforded an adequate estimate of the probabilities of life on this continent.

"Such records would enable us to construct tables of mortality, containing an invaluable fund of statistical information, showing the various influences in operation among us, which tend to increase or diminish our population, the comparative value of life among males and females, and of persons existing under different circumstances and conditions; the comparative prevalence of health and disease and of death, in the different seasons of the year, in different localities, and in the different periods of life."

Until we have such a class of facts, we cannot know the wants of our population—nor tell where to apply remedies in order to ameliorate their condition—to improve the general health of the community—promote the security of life, and add to the number of its years. At present, our exertions must be influenced by, and be made upon, comparatively uncertain theory and conjecture; and of course may produce erroneous results.

Registration has developed some interesting facts of a more strictly sanitary character. In England, it has been found that in those rural districts in which under-drainage had been within a few years generally adopted, the number of deaths has much diminished, while the cases of sickness were fewer and shorter; and in the large towns the difference between the ratio of deaths in the undrained, crowded localities, and the better portions of the cities, was very striking. In the report of Mr. Glover, superintending medical inspector of the London Board of Health, on the common and model lodging-houses of London (with reference to epidemic cholera in 1854), it is stated that, in 1853, there were registered houses of this kind, accommodating about 30,000 persons, yet, during the year, *only ten cases of fever* occurred. Considering the class of

persons inhabiting these houses, it must be acknowledged that three cases of fever in every 10,000 of such persons, is an almost incredible amount of sickness of this character. "In all the houses registered and unregistered, there were in the first nine months of last year, 72 cases of cholera, and 61 deaths, an amount of sickness, all things considered, astonishingly small." "With respect to the health of the inmates of the model lodging-houses, it appears from the various reports, that these houses have enjoyed all but a complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000, whereas the mortality, from cholera, in the potteries, Kensington, was in the ratio of 259, in every 10,000; and in Bermondsey, 162 in 10,000."

In a comparison of the bills of mortality in London, with those of Boston, which has always been cited as a model city for cleanliness and sobriety, we find a remarkable coincidence. In London, 32 per cent. of the deaths are those of children under five years of age; the average age of all, at death, is twenty-six and a half years—and the annual rate of mortality for the whole population, is 1 in 40.

"In Boston from 1840 to 1845, 46.62 per cent. of all the deaths were those of children under five years of age; and in some classes of the population, more than 62 per cent. were under that age; the average age of all that died in the same period, was 21.43 years, and of the Catholic burials, 13.43 years only. The rate of mortality for the whole population for the last nine years, was 1 in 39—and for the last year (1849), 1 in 26." Showing that London, with its two millions of people, supplied with water from the Thames, into which the enormous accumulation of waste and dead animal and vegetable matter—the blood and offal of slaughter-houses—the drainage from dye-works, bone-boiling houses—and a thousand nameless pollutions, all find their way—with its crowded streets and graveyards, its foul cesspools and hopeless pauperism, is as healthy a city as Boston, and in some respects more so.

Some of our other cities suffer still more by the comparison. The annual average mortality for the last eight years, was—

In Philadelphia,	1	death in 42 inhabitants.
" Boston,	1	" 39 "
" Baltimore,	1	" 36 "
" Chicago,	1	" 29 "
" New York,	1	" 25 "

Last year the average ratio of deaths in Chicago, was 1 in 18.3 of the population.

The high ratio in the two latter cities is owing entirely to the larger proportion of immigrants constantly arriving there; while in Chicago full one-half the entire population are foreign born, and there is always present a floating population of several thousands, many of whom are yet suffering from the debilitating effects of a long voyage, and destitute of every comfort and convenience of life.

Doubtless among the principal reasons for the large mortality in this country, may be mentioned the great and frequent changes of temperature at all seasons; the intense and prolonged heat of summer, favoring rapid decomposition, and causing diseases of the bowels, as diarrhoea, dysentery, cholera, &c.; the excitable and restless state of our popula-

tion, containing a large proportion of foreigners, among whom affections of the bowels and lungs seem to be particularly fatal. It is to be expected, then, that the deaths in proportion to the population would be more numerous, and the average age at death lower, than in the slow-going population, and more equable, temperate climates of the old world.

Says Mr. Chadwick: "The average of the whole of the living population in America, so far as it can be deduced from the census returns, is only 22 years and 2 months. Notwithstanding the earlier marriages and the extent of emigration, and the general increase of population, the whole circumstances appear to me to prove this to be the case of a population, depressed to this low age, chiefly by the greater proportionate pressure of the causes of disease and premature mortality. The proportionate numbers at each interval of age in every 10,000 of the population of the United States, England and Wales, are as follows:—

	United States.	England and Wales.
Under 5 years,	1,744	1,324
5 and under 10,	1,417	1,197
10 " 15,	1,210	1,089
15 " 20,	1,091	997
20 " 30,	1,816	1,780
30 " 40,	1,160	1,289
40 " 50,	732	959
50 " 60,	436	645
60 " 70,	245	440
70 " 80,	113	216
80 " 90,	32	59
90 and upward,	4	5
Average age of all living,	22 yrs. and 2 mo.	26 yrs. and 7 mo."

"It may be observed," he adds, "that while in England there are 5,025 persons between 15 and 50, who have 3,610 children, or persons under 15; in America there are 4,789 persons living, between 15 and 50 years of age, who have 4,371 children dependent upon them.

"In England there are in every 10,000 persons, 1,365 who have obtained over 50 years experience; in America, there are only 830.

"The moral consequences of the predominance of the young and passionate in the American community, are attested by observers to be such as have already been described in the General Sanitary Report, as characteristic of those crowded, filthy and badly administered districts of England, where the average duration of life is short, the proportion of the very young great, and the adult generation transient. The adult population in America, it has been shown, is younger than in England, and if the causes of early death were to remain the same, it may be confidently predicted that the American population would remain young for centuries."

	Yrs. Mo.
"The average age of all alive above 15, in America, is	33 6
The average age of all alive above 15, in England and Wales, is	37 5
The average age of all above 20 years, in America, is	37 7
In the whole of England, the average of all above 20 years, is	41 1"

These statements are important, and coming from a man so eminent for the ability and knowledge he has displayed on this subject, deserve serious consideration.

It is the prevailing opinion among us, that no people in the world are more healthy than ourselves; but if the above statements are true, this opinion is erroneous.

In one of the Massachusetts Reports, is a compilation showing the mean duration of life in several places in Europe; also in Massachusetts. From this it appears, that while a child has a chance of living 45 years in Surrey (one of the healthiest districts in England), it has a chance of living only 25 years in Liverpool, and 28.15 years in Massachusetts—showing a difference between the two first of 19.6 years—in other words, life is but five-ninths as long in Liverpool, as in Surrey. Yet before the facts developed by the registration system were known, it was asserted by one of the most accurate writers in England, that the great increase in the town of Liverpool was owing to the *salubrity of the air*, and the progressive improvement in trade, commerce, and steam navigation.

If the above statement as to the mean duration of life in Massachusetts be correct (which is doubtful), it is as unhealthy as Liverpool and the most unhealthy districts of England. Facts as interesting and important may yet be developed in this State, in relation to our own towns and villages. We are becoming largely a manufacturing people, and take pains to ascertain the exact cost of every article made, in all its different parts, and its cost of transportation; yet we know nothing of the cost of life involved in its production.

We know not, yet we ought to know, what is the difference in the value of life in our cities, and country districts—at the sea-side—and in the mountains; among different occupations and classes of persons; and in what particular localities certain diseases, as consumption, scrofula, dysentery and typhus fever, are most frequent.

Registration affords the only means of determining these questions; and the materials for a complete history of the epidemics of the State can be procured in no other way. We have seen the great advantages and necessity of such a system, in proving individual identity—in securing the rights of property by inheritance—and in protecting public health and public rights. It will enable us to deduce the laws of "mortality and population which are peculiar to ourselves, while it will afford us the means to devise new measures for the prevention of unnecessary sickness and premature decay."

It is to be expected that any registration law sufficiently stringent to be of service, will encounter objections and opposition; obstacles of this kind attend the inauguration of every new measure, however humane and useful its provisions may be. We should not be surprised then to hear, as we do, that "this measure interferes with *private* matters." "If a child is born—if a marriage takes place—or a person dies in my house," says one, "what business is it to the public? these are private matters."

The man who reasons thus has but a limited conception of the obligations he owes to himself and to the public. He cannot, if he would, cut himself entirely loose from every other person, but has, while living in families and communities, a direct or indirect interest in each of them.

"Every birth, marriage, or death which takes place, has an influence somewhere—perhaps not upon you or me now, but it has upon others, and may hereafter have upon us."

Says a recent writer on the subject:—

"In the great and frequent changes in the affairs of life, it is impossible to predict which shall prosper—this or that; whether I shall be a pauper, or have to contribute to support my neighbor as a pauper; whether I shall inherit his property, or he inherit mine; and every person should not only be willing, but desirous to place within the reach of every other, the fact that he has existed, and the means of identification."

Parents should not fail to do this for their children, and in all cases should see that their births are properly recorded; interests of great moment frequently depend upon it, and it is not of more consequence that the boundaries of their real estate be duly recorded, than that the time, place, and circumstances of their children's births be verified beyond question.

It has been shown that a well organized system of registration is among the first wants of every enlightened people, and is capable of contributing largely to the amelioration of the physical and moral condition of communities. But in order to do this, it must receive the hearty support and coöperation of all educated men, of whatever calling in society, who give tone to public sentiment. It appeals to them, as being in some degree responsible for the success or failure of this very desirable reform movement.

This subject appeals to *clergymen*, as to those who are directly interested. By a recent change in the law, their duties under it are better defined and rendered less onerous, relieving them of much which they considered of too particular and delicate a nature for them to attempt; this was doubtless the reason that, in making their returns of marriages, they more frequently honored the law "in its breach than in its observance."

Their education and habits of mind should lead them to a full investigation of the subject; and their frequent opportunities, both public and private, will enable them to do very much to enlighten the public mind, in regard to the great benefits, both present and prospective, which must necessarily result from its full development.

To the physicians of the State, however, it appeals *by right*, for the aid and countenances which no others can give—and it relies for its efficiency and usefulness, on us more than on all the community besides—and without our coöperation it must fail.

The law was enacted by the legislature at the request of this society, and after full representations and arduous efforts of your committees, during two successive sessions; and are we not bound to use all our influence to cause the law to be respected and enforced?

Who so capable of furnishing the needful facts in relation to births and deaths, with least trouble and suitable exactness, as the attending physician? Who can better appreciate the advantages of registration, or more successfully advocate its claims upon public attention, than those to whom the community commits the care of its health, and whom it will hold responsible for any neglect of, or indifference to its sanitary interests?

Let us, then, not hold ourselves aloof from a public measure which promises so much for the amelioration of our physical condition, and the promotion of our best interest and happiness.

We are accustomed to think that, as a class, we perform a larger amount of unpaid labor, than all others combined. I admit that it is so, and it is one of the bright honors of our profession, that we are "instant in season and out of season," in relieving the sick and suffering, and in helping forward every good work.

It is possible, perhaps, that in the minds of some of you there still lingers a prejudice against the whole subject of vital statistics; and perhaps a few may seek to excuse themselves from their duty in making regular and prompt returns as the law requires, by saying that the government cannot rightfully demand of one class, or individuals, a service to the public without compensation. After diligent inquiry, I am happy to state that the number of *regular physicians* who make this objection to the law, and openly avow it, is exceedingly small. These surely forget the numerous instances in which individuals are required to make sacrifices of time and labor for the public good—to promote the ends of justice, and contribute to the common defence.

They forget that this trifling duty is the only tax which the State has imposed upon physicians, as such, while in some States a license to practise has to be purchased, and yearly renewed, after payment of a money tax, and the inscription of the name and address.

In England, registration has become the great idea of the age, and the profession there has cheerfully contributed to its success by an immense amount of unpaid labor; thereby erecting for itself an imperishable monument, and furnishing to their brethren everywhere an example worthy of imitation. In Massachusetts, the profession is actively alive to its importance, and united in effort to provide for that State the benefits of a general sanitary reform.

It is feared that some of us withhold our compliance with the law, or yield it reluctantly, because it is not yet quite all we could wish—or all we think it should have been at first—or because it subjects us to some inconvenience and annoyance.

The law is to be sure still imperfect in several points, particularly in the fulness of the details to be recorded—the mode of their collection—and the penalties for non-compliance. In most of its features, however, it cannot well be improved; with the exception of New Haven, there is some difficulty in procuring the return of certificates of death, by the attending physicians, who seem to imagine that they will be looked upon as evidences of their want of skill, rather than as a measure of the extent of their practice. In this city, this difficulty does not exist, for the reason that we have a city law which provides that no burial shall take place until the certificate of death is in the hands of the sexton. It is believed that were a similar provision added to our statute, and one requiring towns to appoint sextons where there are none, the law would everywhere meet with the same favor, and work with as little friction as in New Haven.

But frequent change in the law is inadvisable, for many reasons: the public confidence in its value would be impaired, and anything like uniformity in the records would be impossible. It is very desirable that registration laws should, as far as practicable, be uniform throughout the different States; and at the late meeting of the American Medical Association, a committee of one from each State was appointed, to pro-

cure the passage of a uniform law in all the States. It is of more consequence that a few facts be recorded, concerning each birth, death and marriage in the State, than to multiply the number of facts required, without providing adequate means to insure their regular return.

But do not on these accounts, gentlemen, withhold from it your support, and by your indifference defeat the good it is already accomplishing. On the contrary, let us each feel a personal interest and responsibility in the fate of this measure; and let us do all in our power, in our several county meetings, and by personal effort, to awaken in the profession throughout the State, and in the communities in which we dwell, such an interest in the cause of registration, as shall carry it forward to complete success.—*Proceedings of Conn. Medical Society, 1855.*

Oil of Erigeron Philadelphicum in Hemorrhages, &c.—Dr. Wilson presented a specimen of the plant and of the essential oil of the *Erigeron Philadelphicum*, and read the following notes of several cases of uterine hemorrhage successfully treated by the use of the latter:—

Mr. President: I have here a specimen of *Erigeron Philadelphicum*. It is an indigenous plant, growing abundantly in the fields around about Philadelphia, and has been used as a remedial agent for a long time, and, of course, is familiar to the members of the College. It is, however, the oil of the *Erigeron Philadelphicum* to which I wish to call the attention of the College for a few minutes. It is very extensively used and highly extolled by the eclectic physicians, as a remedy in various diseases—diarrhœa, dysentery, hæmoptysis, hæmatemesis, menorrhagia, uterine hemorrhage, &c. &c.

It is of a light straw color; is very limpid; has a peculiar aromatic, not unpleasant, odor, which is extremely persistent; its taste is peculiar, mild, and not very pungent. Professor Procter, who has examined it, informs us that its density is very low, being .845; it is very inflammable. It begins to boil at 310° Fahr., and continues to increase in temperature to 365°; showing that there are two volatile oils in association. The amount of oil yielded is extremely small.

My attention was called to it in January last, by Dr. A. C. Bournonville, as a remedy in uterine hemorrhage. He informed me that he had used it in some few cases, and wished me to try it. I have prescribed it in many cases, and very generally with decided advantage. The following are a few of those of which I kept notes:—

1. Mrs. E. W., residing in Adams Street, east from Thirteenth Street. I visited her in January, 1854. She was 44½ years old, pale, weak, with loss of appetite; scarcely able to be about house; had been unwell for five weeks, for the last five days very bad. Gave her 5 gtt. every two hours. She was entirely well in thirty hours.

2. Mrs. H. W. had miscarried at the sixth week of utero-gestation; flooding had continued for ten days after the expulsion of the ovum. Gave her 5 gtt. every two hours. She was entirely well in forty-eight hours.

3. Miss F. D., St. John Street, above Poplar Street, aged 21 years; stout muscular woman; pale, weak, loss of appetite, &c.; had been unwell for thirteen weeks, using from four to six napkins daily during most of the time. Gave her 5 gtt. every two hours during the day. She

was entirely well in twelve days. She went about her house during the treatment, but was restricted to light work.

4. Mrs. S., South Fourth Street, had miscarried at the tenth week ; was a large, stout, healthy woman, about 37 years old ; the hemorrhage was very much controlled by the use of this medicine.

5. Mrs. R., Marshall Street, above Master, had been unwell for ten weeks, many days so bad that she was compelled to go to bed. Gave 5 gtt. every two hours. She was entirely well in four days.

I have also prescribed it in some cases of irritation of the bladder, with great relief.

Having understood that the article has been prescribed by several physicians during the last few months, I should like to know the result of their observations.—*Trans. College of Physicians of Philada.*

The Practice of Specialties.—There seems to be such a disposition, of late, on the part of physicians to turn their attention to some particular line of practice, that we copy below the sentiments of two prominent men residing in different sections of the country on the subject. The practice of specialties is carried to a greater length in the city of Boston than in any other portion of this country, and we have regarded the cards of the different practitioners in various lines, as they appear in the *Boston Medical and Surgical Journal*, as in very bad taste. We should consider the company we were in as of too equivocal a character to willingly allow our names to appear in such a category. All quacks profess to be specialists, though all specialists may not be quacks.

The first article is taken from an introductory lecture of Prof. Joshua B. Flint, of Kentucky, for which we are indebted to the *New Hampshire Journal of Medicine*.

"Nevertheless, in every modern country where medicine has been much cultivated, so generally and so steadfastly have these distinctions been recognized and adhered to, that the *general practitioner*, like many other manifestations of utilitarianism, may properly enough be called an *Americanism*. The whole profession is here composed of such, as I have said ; and it has always been so ; and I cannot doubt that this innovation upon professional custom is due to that same controlling national good sense, which has shaped our other institutions, in disregard of precedent and authority, as much as to the peculiar conditions and circumstances of country under which the profession has grown up.

"At the present time, wherever the true foundations of medical philosophy are appreciated, its disciples are becoming united in name and immunities, as they are in the principles of their art, and in the beneficent purposes of its exercise. Even in England, where the temper of the people and the spirit of their institutions are extremely opposed to any such changes, the 'pure physician' and the 'pure surgeon' are about disappearing, in fact, and the *general practitioner* is taking the position he is entitled to, as the true exponent and minister of the healing art. To this result none have contributed more effectively than some of the most eminent surgeons of the British metropolis—and in the furthering this reform, while promoting the unity, honor and usefulness of medicine in general, these gentlemen have rendered the highest services to their own particular department of it."

"But 'does not practice make perfect ?' I hear some one say, seduced

by the sophistry of the schismatics—"Is not exclusive devotion to any one pursuit the best guarantee of excellence in it?" Yes, certainly, if the question be applied to the different petty labors that are combined in the manufacture of a pin, or the heavier ones that result in the construction of a steam-engine, but No, as certainly, if applied to the various and mutually dependent particulars of a great systematic whole. No one of the elements of a *system* can be understood and wisely dealt with, except by means of an acquaintance with the intrinsic and relative attributes of all its associated constituents."

"A very little discriminating reflection rightly directed, will serve to expose the fallacy of expecting from the introduction of division of labor into medical practice, anything like the advantage we realize from it in the mechanical arts; and so will dissipate all the most specious pretensions of professional specialties. And remarkably are such *a priori* conclusions against medical schism confirmed by the testimony of experience. Venereal affections, and diseases of the eye have been made matters of exclusive practice more frequently than any other portions of surgical duty—and *cui bono*? The foundations of all sound knowledge and good practice in both these important sections of surgery, repose upon the labors of those who cultivated them in common with the other portions of their art. Hunter, and Bell, and Carmichael, and Larrey, and Rose, have done infinitely more for the elucidation of Syphilis, than all the exclusive Syphilographers, from Sir Ulric Hutton of the sixteenth century, who wrote and practised from personal experience of the disease, down to the present accomplished surgeon of the Hôpital du Midi, in Paris. And so of the other example—Ophthalmic Surgery is under obligations to Cheselden, and Lawrence, and Tyrrell, and Wardrop, and Graefe, and Chelius, to Sanson, and Dupuytren, and Velpeau, and to my venerable friend the Surgeon of Wills' Hospital in Philadelphia, in comparison with which the services of all the exclusive oculists from Sir Wm. Gascoigne, of whom Dr. Bulleyn quaintly testifies that he 'helpeth sore eyes,' to Sechel, and Wilde, and Elliot, of our own times, are but dust in the balance."

"Mr. William Mackenzie, lecturer on Ophthalmic Surgery in the city of Glasgow, and author of one of the best systematic treatises on these diseases ever produced, after giving statistics of the operation for cataract—a section of practice where, if in any, the dexterity acquired by exclusive devotion would most certainly tell, remarks: 'Such are some of the data furnished us from the practice of general surgeons, on which to furnish an ultimate prognosis with regard to cataract. *I am by no means of opinion that the practice of mere oculists would afford more favorable results.*'"

"Alike unprofitable, in practice as in science, are all these divisions and subdivisions of medicine. Show me an Oculist, an Aurist, or a Hernia-curer—a throat doctor, a lung doctor, a liver doctor, or a urine doctor; and I will presently show you, in the same person, nine times out of ten, an arrant routinist, who has long since ceased to investigate and does nothing but prescribe."

The Vomiting of Pregnant Women. By M. LOBACH.*—In a case of

* Translated from the *Annuaire de Thérapeutique*, for 1855.

extreme debility, consequent upon the long-continued vomiting of pregnancy, M. Lobach prescribes the tincture of *nux vomica* in doses of two or three drops every two hours, a remedy which he has frequently found useful in such cases.

The vomitings were arrested by the *nux vomica*, but the most violent cramps continued to manifest themselves. M. Lobach then tried the effect of the tincture of the acetate of copper in very small doses, but she could not retain the remedy. The use of iron somewhat ameliorated her condition, but very soon the cramps reappeared in spite of the employment of valerian, castor oil, and other like medicines. Gradually, however, under the influence of the tinctures of amber, musk, iron, and *nux vomica*, the condition of the patient improved as the pregnancy advanced.

Three months later, the distressing cramps returned, and the use of the tincture of the acetate of copper, in doses of one drop each hour, was again attempted. The effect was very remarkable. At the end of thirty-six hours, all of the unpleasant symptoms vanished, the dose in the mean time being gradually increased to six drops. Towards the termination of the pregnancy, the cramps again returned with redoubled force, and again were controlled with the tincture of copper. This lady at last gave birth to a delicate infant, which did not seem to have come to its full time. She had a very favorable recovery.

The effect of the acetate of copper in controlling the cramps with so much rapidity is worthy of notice. M. Lobach was led to the use of this remedy by seeing its power in the cramps of hysteria, and in the cramps of paralysis following after apoplexy.—*Virg. Med. and Surg. Journal.*

Reduction of a Dislocated Femur without Extension. By Mr. COCKE, of Guy's Hospital.—The method of reducing dislocation at the hip-joint without any extending force, seems to be growing into favor. We notice in a late report from Guy's Hospital, that Mr. Cocke, of that institution, had succeeded easily in reducing a dislocation on the dorsum of the ilium by this process, after all the usual means had utterly failed.

With regard to the direction in which it is necessary to apply force in reduction without extension, it may be concisely indicated in the formula—lift up, bend out, roll in. The thigh is to be flexed on the pelvis, and the operator, taking hold of the patient's knee, is to bend it outwards, away from the axis of the body. In that position, a slight rotatory movement is to be accomplished, and the head of the bone will slip into place. The explanation of the success of these movements will be apparent to any one who is familiar with the relative positions of the parts implicated. Movements modified according to the different positions taken by the femur, and which will readily suggest themselves to those possessing anatomical knowledge, are equally effectual with the other varieties of dislocation at the hip. One principle is that the femur is made to constitute a powerful lever in the hands of the operator, and it may be well to remark that, in cases in which the length of leverage may not seem sufficient, the difficulty will be at once met by using the whole limb, and grasping the foot instead of the knee.—*Virg. Med. and Surg. Journal.*

INDEX.

Abdomen, liver, and lung, wound of—recovery, 365
 Abscess, complicated effects of, 321
 Adventitious growth in ear, 130, 136
 Air-passages, catheterism of, 379, 477
 American Medical Association, 140, 225, 273
 history of, 51, 333, 387, 435
 remarks on, 227
 proceedings of eighth annual meeting, 279
 address of President, 281
 officers for 1855-6, 288
 reception at Independence Hall, 289
 address of Mayor Conrad, 290
 circular of committee on hydrophobia, 297
 homœopathy and the University of Michigan, 301
 resolutions on medical teaching, 302
 amendments to constitution, 303
 committees appointed, 304
 American medical profession, 221
 Aneurism of aorta, 24, 27, 30, 197
 of heart, 263
 of popliteal artery, 129
 Animal and vegetable life, 306, 343, 399, 441
 Apoplexy, 25
 Appendix vermiformis, ulceration of, 494
 Arachnitis, chronic, 27
 Arteries, material for ligatures of, 415
 Ascites, discussion on, 131
 spontaneous cure of, 361
 Astragalus, removal of, 314
 BIBLIOGRAPHICAL NOTICES—
 Carpenter, Comparative Physiology, 31
 Jones, Pathological Anatomy, 32
 American Medical Association, Transactions for 1854, 33
 Meigs, Childbed Fevers, 35
 Beck, Infant Therapeutics, 36
 Harrison, Text-Book of Anatomy, 37
 Comstock and Comings, Principles of Physiology, 38
 Gross, Foreign Bodies in Air-Passages, 39
 Horner, Diseases and Injuries of Sex-men, 39

BIBLIOGRAPHICAL NOTICES—
 Goddard on the Teeth, 96
 West, Ulceration of Os Uteri, 96
 Positive Medical Agents, 97
 Kirkbride, Hospitals for Insane, 98
 Galt, Insanity in Italy, 98
 Grier on Yellow Fever, 98
 Emigrant Ships, Mortality on, 99
 Holmes, Puerperal Fever a Private Pestilence, 134
 Autobiography of Chas. Caldwell, M. D., 135
 King, Table of Urinary Deposits, 137
 Ramsbotham, Obstetrics, 137
 What to Observe at the Bedside, &c., 138
 Registration Reports of Rhode Island, 138
 Transactions of Medical Societies, 201, 502, 592
 Sanitary Reports, 265
 Ashwell, Diseases of Women, 325
 Maddock, Consumption, &c., 325
 Davis, History of the American Medical Association, 327
 Hayward, Surgical Reports, 327
 Rand, Medical Chemistry, 327
 Byrne, Cholera, 377
 Gross, Urinary Organs, 377
 Todd, Diseases of the Nervous System, 473
 King, Eclectic Dispensary, 474
 Jones, Eclectic Practice, 474
 Report of the New Orleans Commission on Yellow Fever, 474
 Stokes, Heart and Aorta, 496
 Jackson, Letters to a Young Physician, 498
 Jameson, Epidemic Cholera, 500
 Rokitsansky, Pathological Anatomy, 538
 La Roche, Yellow Fever, 539
 Mackenzie, Diseases of the Eye, 540
 Carpenter, Principles of Human Physiology, 541
 Bedford, Obstetrical Clinic, 542
 Simpson, Obstetric Memoirs, &c., 543
 Dickson, Elements of Medicine, 545
 Wharton, Mental Unsoundness, 545
 Hoblyn, Dictionary, 546
 Reese, Medical Lexicon, 546
 Beasley, Book of Prescriptions, 547

BIBLIOGRAPHICAL NOTICES—

- Tanner, Clinical Medicine, 547
 How to Nurse Sick Children, 548
 Anatomical Remembrancer, 548
 Atlee, Nélaton's Clinical Surgery, 599
 American Medical Association, Transactions for 1855, 600
 Cleveland, Pronouncing Medical Lexicon, 601

Biography—

- Nathaniel Chapman, M. D., 16
 James Moultrie, M. D., 73
 Nathan S. Davis, M. D., 248
 B. R. Wellford, M. D., 267
 Charles A. Pope, M. D., 463

- Bladder, chronic disease of, 92
 fibrous effusion into, 422
 hypertrophy of, 535
 rupture of, 373

- Brainard's prize essay, 123

- Brain, effusion and clot, 197
 tumors in, 368

- Cancer of breast, extirpation, 191

- of cardia, 126
 of cerebellum, 80
 of colon, 261
 of pancreas, 130
 of stomach, 493
 of thigh, 372
 medullary, 372
 in a dog, 260

- Case, Dr. John, anecdote of, 564

- Cashew-nut oil, poisoning by, 187

- Catheterism of air-passages, 379, 477

- Cæsarean section, case of, 485

- Chloroform injections in hydrocele, 488

- vapor in tenesmus of dysentery, 490

- Cholera, contagiousness of, 240

- in Camden in 1854, 171

- pathology and treatment of (discussion in N. Y. Patholog. Soc.), 82, 85
 tincture, 562

- Cimicifugin, 246

- Clavicle, dislocations of, 505

- Clerical physicians of olden time, 202

- Collodium cantharidale, 118

- Collodion in erysipelas, 186

- Conception, extra-uterine, 207

- Criminal abortion, 189

- Croup, 48, 372

- Copper and leecher, hints for, 482

- Cypripidine, 119

- Deformities in fractures, frequency of, 289

- Disease, extensive, 427

- Dislocations, with special reference to their results, 505

- Droopy, renal, 375

- Dubois, anecdote of, 564

- Ductus communis, tumor in, 376

- Dysentery, 263

- treatment of, 417

- Dyspepsia, 358

EDITORIAL—

- Eighth volume, 41

EDITORIAL—

- Portrait of the late Dr. Chapman, 42
 Medical Society of New Jersey, 43, 101
 New York Pathological Society, 102, 385

- American Medical Association, 140, 273, 329

- Emigration—commerce v. humanity, 143

- Editorial changes, 145

- Domestic medicines, 214

- Intoxicating liquors in medical colleges, 216

- Medical graduates of 1855, 216

- Professor Gibson, 217

- Hospital for women, 217

- An example, 218

- Ohio Medical Society and patents, 274

- Quackery canonized, 275

- Stimulant tonics, 277

- Professor of Surgery in the University of Pennsylvania, 330

- Gum mezquite, 331, 433

- New York Academy of Medicine—tracheal catheterism, 379, 477

- Consultation with readers, 384

- Stethoscope v. Prof. Wellford, 432

- Sanitary institutions, 476, 518

- Catheterization of air-passages, 379, 477

- Maddock on diseases of the throat, &c., 479

- All about portraits, 479

- Recommendation and use of quack medicines by physicians, 512

- Shall the Reporter be changed to a weekly? 516

- Recent railway accident, 518

- Yellow Fever, 519

- An avalanche of books, 549

- Shameless audacity, 550

- Close of volume eight, 602

- Periodical medical literature, 604

- New Orleans Academy of Sciences, 607

- Card of committee on prize essays, 606

- Case of rupture of spleen, 606

- Prospectus of volume nine, 608

- Editor's Table, 44, 146

- Eclampsia parturientum, 10

- Elkoplasy, or anaplasty applied to the treatment of old ulcers, 47

- Epilepsy treated by the inner bark of elder, 564

- Erysipelas, recovery from a severe case of, 183

- collodion in, 186

- Exostosis reproduced after five years, 371

- Femur, dislocated, reduction without instruments, 208

- dislocated, reduction of without extension, 624

- resection of head of, 257, 469

- extra capsular fracture of neck of, 535

- Fever in Camden County, 457

- Fissures of nipple, tincture of benzoin in, 503

- Ganglion, rupture of by pressure, 563
 Gangrene, 126, 127
 Glottis, edema of, 422
 Glycerine as an internal remedy, 224
 in tuberculosis, 523
 Gum mesquite, 223, 331, 433
- Heart, congenital disease of, 428
 hypertrophy of, 424
 with two cavities, 131
 wounds of, 316
 valvular disease of, 318
 Hemorrhage from extraction of tooth, new
 cure for, 451
 Hernia, internal strangulated, 94
 strangulated, 471
 Hip-joint disease, 261
 Hip, dislocations of, 509
 Homeopathy and the University of Michi-
 gan, 301
 Humerus, dislocations of, 505
 Hydatis, uterine, 429
 Hydrangea arborescens, 115
 Hydrastine, 355
 Hydrocele, chloroform injections in, 488
 Hydrophobia, circular of committee on, 297
- Imperial obstetrics, 564
 Indian puzzle, description of, 508
 Indigenous plants, medical virtues of, 69
 Infant mortality, increase of, 196
 Inflammation, pathology of, 262
 Intermittent fever, treatment of, 528
 simaba cedron in, 48
 Intestine, strangulated, 315
- Kidney, Bright's, 84, 490
 fatty degeneration of, 26
 fibrous degeneration of, 423
 Knee-joint, disarticulation of, 467
- Labor, complicated case of, 450
 Laudanum, poisoning by, 537
 Liver, carcinoma of, 470
 encephaloid disease of, 90
 fatty cyst of, 376
 melanosis of, 423
 singular effect of disease of, 318
 tumors of, 424
 Lunatic asylum reports, 211
 Lung, tubercular cavities in, without cough,
 428
- Malignant inflammation of lip, 353
 Malpractice, prosecution for, 552
 Mammary cancer, local treatment of, 488
 Medical education, 503
 Medical jurisprudence—first case in this
 country, 303
 Medical licenses in olden time, 302
 Medical societies, proceedings of—
 New York Pathological Society, 34, 80,
 126, 196, 256, 314, 368, 422, 466,
 490, 535, 588
 Burlington County, N. J., 264
 Camden County, N. J., 430
 Hunterdon County, N. J., 431
- Medical Society of New Jersey—
 minutes of eighty-ninth annual meeting,
 151
 censors for 1855, 154
 officers, 154
 president's address, 155
 report of standing committee, 170
 cholera in Camden, 171
 Miscellany, 45, 148, 278, 522, 551
- Necrology, 46, 149, 278, 480, 571
 Neuralgia, case of, 532
 hydrochlorate of ammonia in, 482
 Nitrate of potassa, poisoning by, 117
- Obscure case of abdominal tumor, 181
 Ohio State Medical Society and patents, 274,
 302, 481
 Oil of erigeron Philadelphicum, in hemor-
 rhages, 521
 Ovarian cyst, novel mode of opening, 47
 Oxalic acid, poisoning by, 424
- Pelvic abscess, 198
 Pereira, Jon., M. D., correspondence with,
 1, 62, 103
 Physicians, death of by yellow fever in Nor-
 folk and Portsmouth, 571
 statistics of in the United States, 561
 Placenta, double, 257
 fatty degeneration of, 374
 Plants, collection and preservation of, 362
 Pneumonia, chronic, 317, 321
 Poisoning by cashew-nut oil, 187
 by laudanum, 537
 by nitrate of potassa, 117
 by oxalic acid, 424
 Polypus, fibrous, 90
 Post-mortem in case of prolonged utero-
 gestation, 195
 Pregnancy, complaints of, 204
 simulating ascites, 14
 Prostate gland, enlarged, 261
 Puerperal fever, 348
 Pumpkin-seeds in tape-worm, 121
- Quack medicines, recommendation and use
 of by physicians, 512, 533
 report on, 220
 Quackery canonized, 275
 Quacks, shameless audacity of, 550
- Radcliffe, Dr., anecdotes of, 562
 Radius, dislocations of, 507
 and ulna, dislocations, 508
 Railway surgery, 573
 Registration the basis of sanitary reform,
 610
 Revaccination, 496
 Rum stomach, 321
- Sarcinae ventriculi, 468
 Scarlatina, epidemic of 1844-'5, 403
 Scutellarine, 119
 Simaba cedron in intermittent fever, 48
 Soft palate, adhesion of, 373
 Specialties, practice of, 622

- Spinal cord, softening of, 491
 Spleen, rupture of, 606
 Sterility, effect of local treatment on, 205
 Stimulant tonics, 233, 277
 Stomach, cancer of, 493
 congestion of, 300, 535
 perforation of, 536
 perforating ulcer of, 319
 Stone in bladder, spontaneous breaking down of, 462
 Strangulation and rupture of bowel, 374
 Superfinitation, case of, 537
 Synovitis, 26

 Tape-worm, expulsion of by pumpkin seeds, 121
 Testicle, enlarged, 430, 471
 Tetanus, 584
 Thumb and fingers, dislocations of, 508
 Tibia, dislocations of, 509
 Tracheal catheterism, 379
 Tubercular lung, 260
 and urinary calculus, 260
 Tumor of throat, 371

 Ulcer of stomach, 319
 of tibia, 373
 phagedenic of tibia, 90
 Ulceration of small intestines, 536

 Ulna and radius, dislocations of, 508
 Umbilical abscess, 537
 Uterine polypus, 321
 Utero-gestation, prolonged, 110
 Uterus, displacements of, 205
 fibrous degeneration of, 408
 fibrous tumors of, 263
 hydatids and abscess of, 370
 rupture of, 256
 tumor of, 537

 Vital statistics of New Jersey, 220
 Vomiting of pregnant women, 623

 Who shall guard the shepherds, 559
 What we eat—how adulterated, 561

 Yellow fever, 519
 death of physicians in Norfolk and Portsmouth, 571
 letter on, 566
 prevention of, 567
 quinia in, 481
 sanitary commission of New Orleans on, 474
 statistics of Howard Infirmary, Norfolk, 569
 statistics of mortality in Norfolk and Portsmouth, 570

INDEX OF CONTRIBUTORS.

- | | |
|--|---|
| <p>Allen, Heman, 365
 Anonymous, 98, 118, 248, 367, 463, 534
 Brainard, Daniel, 123
 Butler, S. W., 16, 279, 527, 532, 573
 Clark, J. Henry, 233, 348, 485
 Cook, Henry, 487
 Cleaveland, C. H., 119, 246, 355, 455
 Coleman, I. P., 240
 Crawford, J. B., 181
 Davis, N. S., 51, 227, 333, 387, 435
 Dickson, S. H., 73
 Douglass, R., 186, 358, 450
 Duhamel, W. J. C., 415
 Gardner, A. K., 417
 Griecom, J. H., 379, 486
 Honeyman, J., 410
 Hubbard, S. G., 512
 Hunt, Wm., 579
 Hunton, Ariel, 69, 362</p> | <p>Johnson, Wm., 10, 110, 183, 195, 361, 408, 584
 Jones, E. Lee, 24, 80, 126, 196, 256, 314, 368, 422, 466, 490, 535
 Kerlin, I. N., 31, 32, 279, 496
 Kingsbury, C. A., 96
 Lehlbach, Chas. F. J., 14, 488
 Maull, D. W., 353
 Monkur, J. C. S., 115, 121, 157
 Mulford, I. S., 189, 457
 Mussey, R. D., 533
 Phillips, John B., 306, 343, 399, 441
 Pugh, J. H., 542, 599
 Rex, Geo. P., 191
 Rogers, A. W., 527, 530
 Séquard, E. Browns, 125
 Snowden, John W., 117, 462
 Stone, J. O., 582
 Williams, S. W., 1, 62, 103</p> |
|--|---|
-

EMBELLISHMENTS.

- | | | | |
|--|---|---|-------------------------|
| Steel engraved portrait of N. Chapman, M. D. | | | |
| “ | “ | “ | “ James Moultrie, M. D. |
| “ | “ | “ | “ N. S. Davis, M. D. |
| “ | “ | “ | “ B. R. Wellford, M. D. |
| “ | “ | “ | “ Chas. A. Pope, M. D. |